

MASS.  
DOCS.  
COLL.

*The Commonwealth of Massachusetts*

ANNUAL REPORT

OF THE

TRUSTEES

OF THE

BOSTON STATE HOSPITAL

FOR THE

YEAR ENDING NOVEMBER 30, 1925

THE EIGHTY-FIFTH ANNUAL REPORT OF THE HOSPITAL

FOUNDED IN 1839 BY THE CITY OF BOSTON



LIBRARY OF  
Massachusetts Agricultural Experiment Station  
AMHERST, MASS.

# BOSTON STATE HOSPITAL.

## BOARD OF TRUSTEES

HENRY LEFAVOUR, *Chairman*, Boston  
MRS. KATHERINE G. DEVINE, *Secretary*, Milton.  
WILLIAM F. WHITEMORE, Boston.  
CHARLES B. FROTHINGHAM, M.D., Lynn.  
MRS. EDNA W. DREYFUS, Brookline.  
DAVID M. WATCHMAKER, Boston.  
J. WALDO POND, Boston.

## CONSULTING PHYSICIANS

JOHN L. AMES, M.D., *Internist*.  
WILLIAM E. PREBLE, M.D., *Internist*.  
ALBERT EVANS, M.D., *Internist*.  
FRED B. LUND, M.D., *Surgeon*.  
IRVING J. WALKER, M.D., *Surgeon*.  
LLEWELLYN H. ROCKWELL, M.D., *Surgeon*.  
MALCOLM H. STORER, M.D., *Gynecologist*.  
CHARLES J. WHITE, M.D., *Dermatologist*.  
RALPH W. HATCH, M.D., *Ophthalmologist*.  
EDWIN A. MESERVE, M.D., *Laryngologist, Rhinologist and Otologist*.  
GRACE E. ROCHFORD, M.D., *Obstetrician*.

## OFFICERS OF THE HOSPITAL

JAMES V. MAY, M.D., *Superintendent*.  
E. C. NOBLE, M.D., *Assistant Superintendent*.  
MARY E. GILL NOBLE, M.D., *Senior Assistant Physician*.  
EDMUND M. PEASE, M.D., *Senior Assistant Physician*.  
GENEVA TRYON, M.D., *Senior Assistant Physician*.  
GEORGE H. MAXFIELD, M.D., *Senior Assistant Physician*.  
HERBERT E. HERRIN, M.D., *Senior Assistant Physician*.  
ROY D. HALLORAN, M.D., *Senior Assistant Physician*.  
FRANKLIN I. FLAGG, M.D., *Assistant Physician*.  
GEORGE C. KELLY, M.D., *Assistant Physician*.  
ALEXANDER MARCOTTE, M.D., *Assistant Physician*.  
ANNA C. WELLINGTON, M.D., *Assistant Physician*.  
ALBERTA S. B. GUIBORD, M.D., *Assistant Physician (School Clinic)*.  
—— —, *Pathologist*.  
MARTIN P. ROSE, D.D.S., *Dentist*.  
ARTHUR E. GILMAN, *Steward*.  
ADELINE J. LEARY, *Treasurer*.

## The Commonwealth of Massachusetts.

### TRUSTEES' REPORT

*To His Excellency the Governor and the Honorable Council :*

The trustees of the Boston State Hospital have the honor to submit herewith their seventeenth annual report. During the year the trustees have held their twelve stated meetings and by their committees have inspected the hospital each month. They have only praise for the administration of the hospital and for the care given to the welfare of the patients. The work of the institution, which is described in detail in the accompanying report of the superintendent, has been conducted as efficiently as has seemed possible consistent with the defects of the plant and the limitations of the appropriation made by the General Court.

#### PERSONS UNDER THE CARE OF THE TRUSTEES.

At the beginning of the year there were 2,087 patients in the hospital, 11 in private care, and 344 on visit or escape, a total of 2,442 persons. At the close of the year the total number was 2,380, of whom 2,112 were in the hospital, 9 were in private care, and 259 on visit or escape.

## COST OF MAINTENANCE.

The amount estimated a year ago as needed for the maintenance of the hospital, in accordance with the rules of the Department of Mental Diseases and the Department of Administration and Finance, was \$833,418.21. Of this sum \$779,-458.86 was allowed by the General Court, the principal reduction being in the amount allowed for personal service. By the use of strict economy and by leaving vacant a number of the positions in the medical, attendant and nursing staffs, the expenditures have been kept within the appropriation. The average per capita weekly cost is estimated for the fiscal year to be \$6.74. In 1913 the per capita cost, exclusive of the Psychopathic Department, which has since been established as a separate institution, was \$4.75. The average index of prices for the past year may be taken as 158, so that the per capita cost for 1913, in terms of the purchasing value of the dollar the present year, would be \$7.51. While, because of the larger appropriations, it would seem that the cost of the maintenance of the hospitals had greatly increased when measured in the purchasing power of money, it is evident that this institution, at least, is being much less expensively conducted.

## ESTIMATES FOR MAINTENANCE.

The following are the estimates for the amount needed for maintenance for the coming year, based, as usual, on the established salary scales and the per capita allowances, the number of patients being taken as 2,200:

Personal services.....	\$417,709.00
Religious instruction.....	2,080.00
Travel and transportation.....	7,930.00
Food.....	244,046.38
Clothing and materials.....	37,531.50
Furnishings and supplies.....	69,488.68
Medical and general care.....	30,059.37
Heat, light and power.....	47,638.30
Farm.....	10,550.77
Garage, stable and grounds.....	9,705.73
Repairs ordinary.....	18,933.49
Repairs and renewals.....	35,743.95
Total.....	<u>\$931,417.17</u>

## NEW CONSTRUCTION.

No appropriation for new construction was made by the General Court this year, nor, with the exception of \$15,000 for a superintendent's house in 1923, has any appropriation for a new building been made since 1919, though the number of patients is now about 215 above the officially estimated capacity of the hospital. Even more pressing, however, are more adequate accommodations for the staff, the attendants, and the farm workers. Maintenance is an important part of the compensation of these men, and when the living accommodations are unsatisfactory it becomes more difficult to obtain and to retain the services of desirable appointees. The trustees have many times urged the construction of a new cottage for farm employees in place of the old farm house, which is unsafe for occupancy. The most important need is a new building which will provide, at a convenient location, for the administration offices and quarters for the staff officers. The present wooden structure could then be removed to a safer location and be used for housing the attendants. This would reduce the fire hazard referred to below and materially aid the hospital in carrying on its business operations. The trustees have recommended the following items of special appropriations for the ensuing year, all of which have been urged for several years:

Administration building.....	\$180,000.00
Extension to sewer, water and steam lines.....	13,000.00
Addition to garage.....	4,200.00
Purchase of additional land.....	50,000.00
Concrete pavement in front of power house.....	10,000.00

Concrete platform for coal storage.....	\$6,000.00
Cottage for farm employees.....	30,000.00
Total.....	\$293,200.00

### FIRE HAZARD.

Two fires in the course of the last fifteen months have emphasized the need of better protection. The Fire Commissioner of the city of Boston has made a careful examination of the premises and has recommended many radical changes. In view of this the trustees, at their January meeting, adopted the following resolution, which was transmitted to His Excellency the Governor:

"That attention be again called to the necessity of

1. Removing the old wooden Administration building in the East group, constituting as it does a distinct fire menace as a result of the existence of wooden stairways running from the basement to the attic, the presence of exposed electric wires and wires in wooden conduits in various parts of the building, and the necessity of housing a considerable number of persons in the attic, — a place where their lives would certainly be placed in jeopardy by a serious fire;

2. Providing for the removal of the old barn located a few hundred yards from the Administration building above referred to, and containing a large amount of hay;

3. Removing the other wooden buildings and sheds in this same neighborhood;

4. Installing sprinklers and such other fire protection as may be needed to insure the safety of the six hundred and more patients in the old non-fire-proof stucco buildings until such time as these buildings can be replaced by fireproof structures;

5. Removing the old wooden farm building located in the West group and housing in the neighborhood of twenty employees, the Building Inspector of the Department of Public Safety having refused to certify this structure for occupancy;

6. The prompt adoption of such other measures for fire protection as may be deemed necessary by the proper authorities."

HENRY LEFAVOUR,  
KATHERINE G. DEVINE,  
WILLIAM F. WHITTEMORE,  
CHARLES B. FROTHINGHAM,

EDNA W. DREYFUS,  
DAVID M. WATCHMAKER,  
J. WALDO POND,

NOVEMBER 30, 1925.

*Trustees.*

## SUPERINTENDENT'S REPORT

*To the Board of Trustees of the Boston State Hospital.*

The following is a report of the activities of the hospital for the statistical year ending September 30, 1925, and the fiscal year ending November 30, 1925. Founded by the city of Boston in 1839, this marks the completion of the eighty-sixth year of the institution as a hospital for mental diseases, and the seventeenth year of its history as a State hospital.

### MOVEMENT OF POPULATION.

The census of the hospital on September 30, 1924, was as follows: in the wards, men, 860, women, 1,218, total, 2,078; at home on visit, men, 155, women, 190, total, 345; boarding out, man, 1, women, 11, total, 12; and out on escape, men, 6, women, 2, total, 8; making a total of 2,443, 1,022 men and 1,421 women, in the custody of the hospital.

Two hundred and seventy-three men and 360 women, a total of 633, were received during the year. This included the following: first admissions as insane,<sup>1</sup> men, 189, women, 239, total, 428; readmissions as insane,<sup>2</sup> men, 29, women, 55, total,

<sup>1</sup> Including 1 woman committed from temporary care of the preceding year.

<sup>2</sup> Including 1 man committed from temporary care of the preceding year.



84; first admissions, temporary care,<sup>1</sup> men, 16, women, 31, total, 47; readmissions, temporary care, men, 23, women, 17, total, 40; and transferred from other institutions, men, 16, women, 18, total, 34. Three hundred and twenty-nine cases, including 147 men and 182 women, were discharged during the year. Seven men and 9 women, a total of 16, were transferred to other institutions. One hundred and nineteen men and 146 women, a total of 265, died during the year.

The census on September 30, 1925, was as follows: in the wards, men, 912, women, 1,255, total, 2,167; at home on visit, men, 96, women, 177, total, 273; boarding out, men, 0, women, 10; and out on escape, men, 13, women, 1, total, 14; making a total of 2,464, 1,021 men and 1,443 women, in the custody of the hospital.

The total number of cases treated during the year was 3,076, 1,295 men and 1,781 women.

The average daily number of patients for the statistical year was: men, 1,021.16, women, 1,436.37, total, 2,457.53. The average daily number in the wards was: men, 884.07, women, 1,237.32, total, 2,121.39, or 86.32 per cent of the whole number. The average daily number at home on visit was: men, 128.27, women, 188.03, total, 316.30, or 12.88 per cent. The average daily number boarding out was: men, .97, women, 10.12, total, 11.09, or .45 per cent. The average daily number out on escape was: men, 7.85, women, .90, total, 8.75, or .35 per cent. The average daily number of committed cases was: men, 880.70, women, 1,232.99, total, 2,113.69, or 99.64 per cent of the number in the wards. There were no voluntary cases during the year. The average daily number of emergency cases was: men, .022, women, .019, total, .041, or .0019 per cent. The average daily number of temporary care cases was: men, 3.37, women, 4.33, total, 7.70, or .36 per cent. The average daily number of cases under complaint or indictment was: men, 4.52, women, 3.00, total, 7.52, or .35 per cent. The average daily number of epileptics was: men, 9.00, women, 12.76, total, 21.76, or 1.03 per cent. The private cases are included with the reimbursing cases. The average daily number of reimbursing cases was: men, 47.45, women, 118.50, total, 165.95, or 7.82 per cent. The average daily number of cases supported by the State was: men, 836.62, women, 1,118.82, total, 1,955.44, or 92.18 per cent. There was a daily average of 38.66 ex-service men.

The recovery rate, based on the number of first admissions, was 20.21 per cent; based on the total number cared for during the year, 3.12 per cent; based on the average daily number in the wards, 4.52 per cent; and based on the total admissions for the year, 15.17 per cent.

The death rate, based on the total number cared for during the year, was 8.64 per cent; and based on the average daily number in the wards, 12.49 per cent. The death rate of the hospital is unusually large when compared with that of other institutions of a similar character, as over thirty-five per cent of the population is of the infirm type, and nearly ten per cent represents actual bed cases. This is due to the fact that the acutely ill, the senile and the infirm cases from the city cannot be readily transported to distant institutions, and are therefore committed to the Boston State Hospital. It is obvious that for the same reason too much significance should not be attached to the recovery rate.

Of the first admissions as insane, 222, or 51.87 per cent, were foreign born, and 362, or 84.58 per cent, were of foreign parentage on one or both sides. Eighty, or 18.70 per cent, were aliens.

The average age on admission was 52.77; 174, or 40.65 per cent, were sixty years of age or over, and 93, or 21.73 per cent, were seventy years of age or over.

The first admissions for the year, classified according to legal status, were as follows:

	Males	Females
Committed cases (section 51, chapter 123, General Laws)...	131	177
Voluntary admissions (section 86, chapter 123, General Laws).....	0	0
Emergency commitments (section 78, chapter 123, General Laws).....	2	1

<sup>1</sup> Temporary care now includes all cases admitted under the provisions of Section 100, Chapter 123, General Laws.

Pending examination and hearing (section 55, chapter 123, General Laws) . . . . .	0	0
Temporary care cases (section 79, chapter 123, General Laws) . . . . .	41	51
Observation cases (section 77, chapter 123, General Laws) . .	15	10
Total . . . . .	189	239

The distribution of first admissions for the year, classified according to legal status, as shown by the above table, is therefore as follows: committed cases (section 51, chapter 123, General Laws), 71.96 per cent; emergency cases (section 78, chapter 123, General Laws), .70 per cent; temporary care cases (section 79, chapter 123, General Laws), 21.50 per cent; and observation cases (section 77, chapter 123, General Laws), 5.84 per cent. No voluntary cases (section 86, chapter 123, General Laws), and no cases pending examination and hearing (section 55, chapter 123, General Laws), were admitted during the year.

The first admissions for the year included 308 committed cases. Of these, 11, or 3.57 per cent, were discharged; 14, or 4.54 per cent, were transferred to other institutions for mental diseases; 97, or 31.50 per cent, died; and 186, or 60.39 per cent, remained at the end of the statistical year.

Of the first admissions, 3 were emergency cases, two of which were committed within a few days after admission, and one changed to temporary care status (section 79, chapter 123, General Laws). None remained at the end of the statistical year.

Ninety-two of the first admissions were temporary care cases. Of these, 87, or 94.57 per cent, were committed; 1, or 1.08 per cent, changed to emergency status (section 78, chapter 123, General Laws); and 4, or 4.35 per cent, to observation status (section 77, chapter 123, General Laws).

The first admissions also included 25 cases admitted for observation under the provisions of section 77, chapter 123, General Laws, all of which were subsequently committed.

Of the 428 first admissions, the cause was unascertained or no cause given in 127 cases, or 29.68 per cent. In the 301 cases where a definite cause was assigned, the etiological factors reported may be classified as follows: senility, 38, or 12.62 per cent; arteriosclerosis, 96, or 31.89 per cent; syphilis, 32, or 10.63 per cent; alcoholism, 36, or 11.96 per cent; involutional changes, 35, or 8.30 per cent; and traumatism, 5, or 1.66 per cent. There was a family history of mental diseases in 63, or 14.72 per cent, mental defects in 8, or 1.87 per cent, and nervous diseases in 9, or 2.10 per cent, of the first admissions.

The forms of mental disease shown by the first admissions, briefly summarized, were as follows: senile psychoses, 81, or 18.92 per cent; psychoses with cerebral arteriosclerosis, 90, or 21.03 per cent; general paralysis, 27, or 6.31 per cent; psychoses with other brain or nervous diseases, 17, or 3.97 per cent; alcoholic psychoses, 23, or 5.37 per cent; psychoses with other somatic diseases, 7, or 1.63 per cent; manic-depressive psychoses, 64, or 14.95 per cent; involution melancholia, 8, or 1.87 per cent; dementia praecox, 38, or 8.88 per cent; paranoia or paranoid conditions, 19, or 4.41 per cent; psychoses with mental deficiency, 15, or 3.50 per cent; psychoses with psychopathic personality, 5, or 1.17 per cent; undiagnosed psychoses, 17, or 3.97 per cent; and all other psychoses one per cent or less. Five, or 1.17 per cent, were without psychosis. The psychoses of all first admissions are shown in Table No. 6, on page 32.

The forms of mental disease shown by the readmissions, briefly summarized, were as follows: traumatic psychosis, 1, or 1.19 per cent; senile psychoses, 4, or 4.76 per cent; psychoses with cerebral arteriosclerosis, 2, or 2.38 per cent; general paralysis, 3, or 3.57 per cent; psychoses with cerebral syphilis, 2, or 2.38 per cent; alcoholic psychoses, 5, or 5.95 per cent; manic-depressive psychoses, 30, or 35.72 per cent; involution melancholia, 1, or 1.19 per cent; dementia praecox, 23, or 27.39 per cent; paranoia or paranoid conditions, 5, or 5.95 per cent; epileptic psychosis, 1, or 1.19 per cent; psychoses with psychopathic personality, 2, or 2.38 per cent; psychoses with mental deficiency, 3, or 3.57 per cent; and undiagnosed psychoses, 2, or 2.38 per cent.

Of these readmissions, 46, or 54.76 per cent, were committed under the provisions of section 51, chapter 123, General Laws; 30, or 35.72 per cent, were temporary care cases (section 79, chapter 123, General Laws); 7, or 8.33 per cent, were observation cases (section 77, chapter 123, General Laws); and 1, or 1.19 per cent, an emergency case (section 78, chapter 123, General Laws). No voluntary cases (section 86, chapter 123, General Laws) and no cases held under complaint or indictment (section 100, chapter 123, General Laws) or pending examination and hearing (section 55, chapter 123, General Laws) were included in the readmissions for the year.

The following tables show the psychoses of all first admissions classified according to legal status:

*Psychoses of Committed Cases (Section 51, Chapter 123, General Laws).*

	M.	F.	T.	TOTAL		
				M.	F.	T.
Traumatic psychoses . . . . .				3	0	3
Senile psychoses . . . . .				8	45	53
Simple deterioration . . . . .	5	21	26			
Depressed and agitated states . . . . .	2	12	14			
Paranoid types . . . . .	1	11	12			
Others . . . . .	0	1	1			
Psychoses with cerebral arteriosclerosis . . . . .				28	29	57
General paralysis . . . . .				17	5	22
Psychoses with cerebral syphilis . . . . .				1	1	2
Psychosis with brain tumor . . . . .				0	1	1
Psychoses with other brain or nervous diseases . . . . .				8	3	11
Cerebral embolism . . . . .	1	0	1			
Paralysis agitans . . . . .	1	1	2			
Meningitis, tubercular or other forms . . . . .	1	0	1			
Acute chorea . . . . .	0	1	1			
Tabes dorsalis . . . . .	1	0	1			
Type undetermined . . . . .	4	1	5			
Alcoholic psychoses . . . . .				14	4	18
Delirium tremens . . . . .	0	0	0			
Korsakow's psychosis . . . . .	1	1	2			
Acute hallucinosis . . . . .	4	1	5			
Other types, acute or chronic . . . . .	9	2	11			
Psychoses with other somatic diseases . . . . .				2	1	3
Cardio-renal diseases . . . . .	1	1	2			
Others . . . . .	1	0	1			
Manic-depressive psychoses . . . . .				16	34	50
Manic type . . . . .	4	6	10			
Depressive type . . . . .	8	22	30			
Other types . . . . .	4	8	12			
Involution melancholia . . . . .				2	4	6
Dementia praecox . . . . .				15	16	31
Paranoid type . . . . .	6	7	13			
Catatonic type . . . . .	1	2	3			
Hebephrenic type . . . . .	5	4	9			
Type undetermined . . . . .	3	3	6			
Paranoia or paranoid conditions . . . . .				2	12	14
Epileptic psychosis . . . . .				1	0	1
Psychoneuroses and neuroses . . . . .				0	1	1
Hysterical type . . . . .	0	1	1			
Psychoses with psychopathic personality . . . . .				1	2	3
Psychoses with mental deficiency . . . . .				6	8	14
Undiagnosed psychoses . . . . .				3	11	14
Without psychosis . . . . .				4	0	4
Psychopathic personality without psychosis . . . . .	2	0	2			
Mental deficiency without psychosis . . . . .	2	0	2			
TOTAL . . . . .				131	177	308

*Psychoses of Emergency Commitments (Section 78, Chapter 123, General Laws).*

	M.	F.	T.	TOTAL		
				M.	F.	T.
Psychosis with other brain or nervous diseases . . . . .				1	0	1
Cerebral embolism . . . . .	1	0	1			
Manic-depressive psychosis . . . . .				1	0	1
Depressive type . . . . .	1	0	1			
Paranoia or paranoid conditions . . . . .				0	1	1
TOTAL . . . . .				2	1	3



*Psychoses of Temporary Care Cases (Section 79, Chapter 123, General Laws).*

	M.	F.	T.	TOTAL		
				M.	F.	T.
Traumatic psychosis.....				1	0	1
Senile psychoses.....				10	17	27
Simple deterioration.....	6	9	15			
Depressed and agitated states.....	3	5	8			
Delirious and confused types.....	1	0	1			
Paranoid type.....	0	3	3			
Psychoses with cerebral arteriosclerosis.....				15	15	30
General paralysis.....				2	1	3
Psychosis with cerebral syphilis.....				0	1	1
Psychoses with other brain or nervous diseases.....				4	0	4
Paralysis agitans.....	1	0	1			
Tabes dorsalis.....	1	0	1			
Others.....	2	0	2			
Alcoholic psychoses.....				2	0	2
Korsakow's psychosis.....	1	0	1			
Chronic alcoholic hallucinosis.....	1	0	1			
Psychoses with other somatic diseases.....				2	2	4
Cardio-renal disease.....	2	1	3			
Diseases of the ductless glands.....	0	1	1			
Manic-depressive psychoses.....				2	6	8
Manic type.....	1	1	2			
Depressive type.....	1	2	3			
Other types.....	0	3	3			
Involution melancholia.....				0	2	2
Dementia praecox.....				2	1	3
Paranoid type.....	1	0	1			
Hebephrenic type.....	1	0	1			
Undetermined.....	0	1	1			
Paranoia or paranoid conditions.....				0	3	3
Undiagnosed psychoses.....				1	2	3
Without psychosis.....				0	1	1
Psychopathic personality without psychosis.....	0	1	1			
TOTAL.....				41	51	92

*Psychoses of Observation Cases (Section 77, Chapter 123, General Laws).*

	M.	F.	T.	TOTAL		
				M.	F.	T.
Senile psychosis.....				0	1	1
Depressed and agitated type.....	0	1	1			
Psychoses with cerebral arteriosclerosis.....				2	1	3
General paralysis.....				2	0	2
Psychosis with other brain or nervous disease.....				1	0	1
Encephalitis lethargica.....	1	0	1			
Alcoholic psychoses.....				3	0	3
Korsakow's psychosis.....	1	0	1			
Chronic paranoid form.....	1	0	1			
Alcoholic deterioration.....	1	0	1			
Manic-depressive psychoses.....				3	2	5
Manic type.....	1	0	1			
Depressive type.....	2	2	4			
Dementia praecox.....				1	3	4
Paranoid type.....	0	1	1			
Catatonic type.....	0	1	1			
Undetermined.....	1	1	2			
Paranoia or paranoid conditions.....				0	1	1
Psychoneuroses and neuroses.....				1	1	2
Neurasthenic type.....	1	1	2			
Psychoses with psychopathic personality.....				1	1	2
Psychosis with mental deficiency.....				1	0	1
TOTAL.....				15	10	25

One hundred and seventy-eight temporary care cases (section 79, chapter 123, General Laws) were admitted during the year ending September 30, 1925. Of these, 122, or 68.54 per cent, were committed under the provisions of section 51, chapter 123, General Laws; 7, or 3.93 per cent, changed to observation status; none to voluntary; 1, or .56 per cent, to emergency status; 42, or 23.60 per cent, were discharged; 3, or 1.68 per cent, died; and 3, or 1.68 per cent, remained at the end of the statistical year. Of the 42 discharges, 3, or 7.14 per cent, were discharged as recovered; 5, or 11.90 per cent, as improved; 28, or 66.67 per cent, as unimproved; and 6, or 14.29 per cent, as without psychosis.

Four emergency cases (section 78, chapter 123, General Laws) were admitted during the year. Three of these were committed in accordance with the provisions of section 51, chapter 123, General Laws, and one remained in the hospital at the



end of the statistical year. In addition to this, one case shown in the admissions for the year as a temporary care case was committed under the provisions of section 78 and later discharged, condition unimproved.

Fifty-three observation cases (section 77, chapter 123, General Laws) were admitted during the year. Of these, 32, or 60.38 per cent, were subsequently committed under the provisions of section 51, chapter 123, General Laws, 17, or 32.08 per cent, discharged, one, or 1.89 per cent, died, none were transferred, and 3, or 5.65 per cent, remained at the end of the statistical year. Of the 17 discharges, 5, or 29.41 per cent, were discharged as recovered; 5, or 29.41 per cent, as improved; none as unimproved; and 7, or 41.18 per cent, as without psychosis. To the above should be added 7 cases shown in the admissions under section 79, 3 of which were discharged (one as recovered, one as improved, and one without psychosis), 2 died, and 2 remained in the institution at the end of the statistical year.

Eight cases held under complaint or indictment (section 100, chapter 123, General Laws) were admitted during the year. Of these, one was discharged as recovered from psychosis with psychopathic personality and returned to Court, two were out on escape and five remained in the hospital at the end of the statistical year.

One case pending examination and hearing (section 55, chapter 123, General Laws), was admitted during the year. This was later discharged to the Department of Mental Diseases, condition unimproved.

No voluntary cases (section 86, chapter 123, General Laws) were admitted during the year.

The following table shows the psychoses of all cases admitted as temporary care, all forms, and subsequently committed under the provisions of section 51, chapter 123, General Laws:

	M.	F.	T.	TOTAL		
				M.	F.	T.
Traumatic psychoses.....				1	1	2
Senile psychoses.....				11	20	31
Simple deterioration.....	6	9	15			
Depressed and agitated.....	3	7	10			
Delirious and confused.....	1	0	1			
Paranoid type.....	1	4	5			
Psychoses with cerebral arteriosclerosis.....				17	16	33
General paralysis.....				4	3	7
Psychoses with cerebral syphilis.....				1	1	2
Psychoses with other brain or nervous diseases.....				6	0	6
Paralysis agitans.....	1	0	1			
Cerebral embolism.....	1	0	1			
Tabes dorsalis.....	1	0	1			
Others.....	3	0	3			
Alcoholic psychoses.....				7	0	7
Korsakow's psychosis.....	2	0	2			
Chronic hallucinosis.....	2	0	2			
Chronic paranoid.....	1	0	1			
Alcoholic deterioration.....	2	0	2			
Psychoses with other somatic diseases.....				2	2	4
Cardio-renal disease.....	2	1	3			
Disease of the ductless glands.....	0	1	1			
Manic-depressive psychoses.....				6	19	25
Manic type.....	2	5	7			
Depressive type.....	4	8	12			
Other types.....	0	4	4			
Involution melancholia.....				0	2	2
Dementia praecox.....				9	9	18
Paranoid type.....	3	2	5			
Catatonic type.....	2	2	4			
Hebephrenic type.....	3	2	5			
Undetermined.....	1	3	4			
Paranoia or paranoid conditions.....				1	6	7
Epileptic psychosis.....				1	0	1
Psychoneuroses and neuroses.....				1	1	2
Neurasthenic type.....	1	1	2			
Psychoses with psychopathic personality.....				1	2	3
Psychoses with mental deficiency.....				1	2	3
Undiagnosed psychoses.....				1	3	4
Without psychosis.....				0	1	1
Psychopathic personality without psychosis.....	0	1	1			
TOTAL.....				70	88	158

The following table shows the psychoses of all admissions during the year, exclusive of transfers:

	M.	F.	T.	TOTAL	
				M.	F.
Traumatic psychoses. . . . .				4	1
Senile psychoses. . . . .				22	70
Simple deterioration. . . . .	11	31	42		
Depressed and agitated. . . . .	8	23	31		
Delirious and confused. . . . .	1	0	1		
Paranoid types. . . . .	2	15	17		
Others. . . . .	0	1	1		
Psychoses with cerebral arteriosclerosis. . . . .				49	53
General paralysis. . . . .				22	9
Psychoses with cerebral syphilis. . . . .				3	2
Psychosis with Huntington's chorea. . . . .				0	0
Psychosis with brain tumor. . . . .				0	1
Psychoses with other brain or nervous diseases. . . . .				19	3
Cerebral embolism. . . . .	2	0	2		
Paralysis agitans. . . . .	3	1	4		
Meningitis, tubercular or other forms. . . . .	1	0	1		
Tabes dorsalis. . . . .	2	0	2		
Acute chorea. . . . .	0	1	1		
Other forms. . . . .	11	1	12		
Alcoholic psychoses. . . . .				28	11
Korsakow's psychosis. . . . .	3	2	5		
Acute hallucinosis. . . . .	7	4	11		
Other types. . . . .	18	5	23		
Psychoses due to drugs or other exogenous toxins. . . . .				0	0
Psychoses with pellagra. . . . .				0	0
Psychoses with other somatic diseases. . . . .				4	7
Cardio-renal diseases. . . . .	3	3	6		
Diseases of the ductless glands. . . . .	0	1	1		
Other diseases or conditions. . . . .	1	3	4		
Manic-depressive psychoses. . . . .				33	76
Manic type. . . . .	13	22	35		
Depressive type. . . . .	15	40	55		
Other types. . . . .	5	14	19		
Involution melancholia. . . . .				3	7
Dementia praecox. . . . .				33	31
Paranoid type. . . . .	15	14	29		
Catatonic type. . . . .	3	4	7		
Hebephrenic type. . . . .	11	7	18		
Other types. . . . .	4	6	10		
Paranoia or paranoid conditions. . . . .				3	25
Epileptic psychoses. . . . .				3	1
Psychoneuroses and neuroses. . . . .				1	4
Hysterical type. . . . .	0	2	2		
Neurasthenic type. . . . .	1	2	3		
Psychoses with psychopathic personality. . . . .				6	4
Psychoses with mental deficiency. . . . .				7	12
Undiagnosed psychoses. . . . .				4	16
Without psychosis. . . . .				13	9
Epilepsy without psychosis. . . . .	1	0	1		
Alcoholism without psychosis. . . . .	2	1	3		
Psychopathic personality without psychosis. . . . .	4	4	8		
Mental deficiency without psychosis. . . . .	3	1	4		
Other conditions. . . . .	3	3	6		
TOTAL. . . . .				257	342
					599

The psychoses represented by the cases discharged from the hospital during the year were as follows: senile psychoses, 4, or 1.53 per cent; psychoses with cerebral arteriosclerosis, 17, or 6.49 per cent; general paralysis, 5, or 1.91 per cent; psychoses with cerebral syphilis, 4, or 1.53 per cent; psychosis with Huntington's chorea, 1, or .38 per cent; psychoses with other brain or nervous diseases, 4, or 1.53 per cent; alcoholic psychoses, 38, or 14.50 per cent; psychoses due to drugs or other exogenous toxins, 2, or .76 per cent; psychoses with other somatic diseases, 7, or 2.67 per cent; manic-depressive psychoses, 81, or 30.92 per cent; involution melancholia, 5, or 1.91 per cent; dementia praecox, 42, or 16.03 per cent; paranoia or paranoid conditions, 15, or 5.73 per cent; epileptic psychoses, 3, or 1.14 per cent; psychoneuroses and neuroses, 2, or .76 per cent; psychoses with psychopathic personality, 3, or 1.14 per cent; psychoses with mental deficiency, 14, or 5.34 per cent; undiagnosed psychoses, 5, or 1.91 per cent; and without psychosis, 10, or 3.82 per cent.

The total number of cases discharged during the year was 262. Of this number, 85, or 32.44 per cent, were discharged as recovered; 135, or 51.53 per cent, as improved; 32, or 12.21 per cent, as unimproved; and 10, or 3.82 per cent, as without psychosis. Of the 85 recovered cases, 56, or 68.87 per cent, were cases of manic-depressive psychosis; 19, or 22.34 per cent, alcoholic psychoses; 1, or 1.18 per cent, psychosis due to drugs or other exogenous toxins; 1, or 1.18 per cent, involution

melancholia; 3, or 3.53 per cent, psychoses with other somatic diseases; 1, or 1.18 per cent, psychoneuroses and neuroses; 1, or 1.18 per cent, psychosis with psychopathic personality; 2, or 2.36 per cent, psychoses with mental deficiency; and 1, or 1.18 per cent, undiagnosed psychosis. Of the 135 cases discharged as improved, 23, or 17.04 per cent, were cases of manic-depressive psychoses; 36, or 26.67 per cent, dementia praecox; 18, or 13.34 per cent, alcoholic psychoses; 10, or 7.40 per cent, paranoia or paranoid conditions; 2, or 1.48 per cent, psychoses with psychopathic personality; 10, or 7.40 per cent, psychoses with mental deficiency; 10, or 7.40 per cent, psychoses with cerebral arteriosclerosis; 4, or 2.96 per cent, general paralysis; 4, or 2.96 per cent, psychoses with other somatic diseases; 3, or 2.23 per cent, senile psychoses; 3, or 2.23 per cent, undiagnosed psychoses; 4, or 2.96 per cent, psychoses with cerebral syphilis; 3, or 2.23 per cent, involution melancholia; 1, or .74 per cent, epileptic psychosis; 1, or .74 per cent, psychoneuroses and neuroses; 2, or 1.48 per cent, psychoses with other brain or nervous diseases; and 1, or .74 per cent, psychosis due to drugs or other exogenous toxins. Of the 32 cases discharged as unimproved, 6, or 18.75 per cent, were dementia praecox; 5, or 15.61 per cent, paranoia or paranoid conditions; 2, or 6.25 per cent, manic-depressive psychoses; 1, or 3.13 per cent, senile psychosis; 1, or 3.13 per cent, general paralysis; 7, or 21.86 per cent, psychoses with cerebral arteriosclerosis; 1, or 3.13 per cent, alcoholic psychosis; 2, or 6.25 per cent, psychoses with mental deficiency; 1, or 3.13 per cent, psychosis with Huntington's chorea; 2, or 6.25 per cent, psychoses with other brain or nervous diseases; 1, or 3.13 per cent, involution melancholia; 2, or 6.25 per cent, epileptic psychoses; and 1, or 3.13 per cent, undiagnosed psychosis.

A study of the entire hospital residence (including other institutions for mental diseases) of the cases discharged during the statistical year is of considerable interest. Fourteen, or 5.42 per cent, were discharged after a residence of less than one month, 101, or 39.15 per cent, after a residence of from one to six months; 50, or 19.38 per cent, from six months to one year; 39, or 15.11 per cent, from one to two years; 16, or 6.20 per cent, two to three years; 13, or 5.04 per cent, three to four years; 7, or 2.71 per cent, from four to five years; 15, or 5.81 per cent, five to ten years; and 3, or 1.16 per cent, ten years and over. The average duration of total hospital residence was one year, six months and seven days.

Of the 258 deaths occurring during the year, 154, or 59.69 per cent, represented cases dying at the age of sixty or over. In 93 cases, or 36.05 per cent, death occurred at the age of seventy or over.

The principal causes of death during the year were as follows: bronchopneumonia, 72, or 27.90 per cent; arteriosclerosis, 31, or 12.01 per cent; tuberculosis of the lungs, 18, or 6.97 per cent; endocarditis and myocarditis, 50, or 19.38 per cent; general paralysis of the insane, 18, or 6.97 per cent; diarrhea and enteritis, 6, or 2.33 per cent; lobar pneumonia, 12, or 4.65 per cent; cerebral hemorrhage, 10, or 3.80 per cent; and cancer, 7, or 2.71 per cent.

The psychoses represented by deaths occurring in the hospital during the year were as follows: traumatic psychoses, 3, or 1.16 per cent; senile psychoses, 56, or 21.70 per cent; psychoses with cerebral arteriosclerosis, 74, or 28.68 per cent; general paralysis, 34, or 13.18 per cent; psychoses with cerebral syphilis, 4, or 1.55 per cent; psychoses with brain tumor, 2, or .78 per cent; psychoses with other brain or nervous diseases, 11, or 4.26 per cent; alcoholic psychoses, 6, or 2.32 per cent; psychosis with Huntington's chorea, 1, or .39 per cent; psychosis with other somatic diseases, 1, or .39 per cent; manic-depressive psychoses, 14, or 5.43 per cent; involution melancholia, 6, or 2.32 per cent; dementia praecox, 29, or 11.24 per cent; paranoia or paranoid conditions, 10, or 3.88 per cent; and psychoses with mental deficiency, 4, or 1.55 per cent. Of the 56 cases of senile psychoses dying in the hospital during the year, 21, or 37.50 per cent, were due to bronchopneumonia; and 16, or 28.57 per cent, endocarditis and myocarditis. Of the 74 cases of arteriosclerotic psychoses, death was due in 20, or 27.03 per cent, to bronchopneumonia, in 19, or 25.67 per cent, to endocarditis and myocarditis, and in 19, or 25.67 per cent, death was attributed directly to arteriosclerosis. Of the 34 cases of general paralysis, 14, or 41.18 per cent, were reported as dying from bronchopneumonia, and in 18, or 52.94 per cent, general paralysis of the insane was given as the cause of death. Of the 29 cases of dementia praecox, death was due in 10, or 34.50 per cent, to pulmonary tuberculosis.



Of the 258 patients dying in the hospital during the year, the total duration of hospital residence was as follows: one year or less, 129, or 50.39 per cent; one to two years, 35, or 13.67 per cent; two to three years, 24, or 9.37 per cent; three to four years, 12, or 4.69 per cent; four to five years, 12, or 4.69 per cent; five to six years, 4, or 1.56 per cent; six to seven years, 4, or 1.56 per cent; seven to eight years, 6, or 2.35 per cent; eight to nine years, 3, or 1.17 per cent; nine to ten years, 5, or 1.95 per cent; ten to fifteen years, 14, or 5.47 per cent; fifteen to twenty years, 2, or .78 per cent; and over twenty years, 6, or 2.35 per cent. The average duration of hospital residence of the cases dying in the hospital during the year was three years and twenty-six days. The psychoses showing the longest hospital residence were as follows: psychosis with cerebral arteriosclerosis, one over 20 years; psychosis with cerebral syphilis, one over 14 years; alcoholic psychosis, one over 22 years; manic-depressive psychosis, one over 21 years; dementia praecox, three over 14 years, one over 21 and one over 35 years; paranoia or paranoid conditions, one over 19 and one over 22 years; and psychosis with mental deficiency, one over 39 years.

The following general statistical information relating to ward service should be of interest:

	Males	Females	Totals	Percentage
Average daily population.....	884.07	1,237.32	2,121.39	100.00
In bed.....	100.58	106.01	206.59	9.74
In restraint.....	1.17	6.19	7.36	.34
In seclusion.....	2.79	19.81	22.60	1.06
Eating in dining rooms.....	768.63	830.81	1,599.44	75.39
Eating on wards.....	115.44	406.52	521.96	24.61
Fed by nurses.....	13.83	70.63	84.46	3.98
Idle.....	359.98	610.38	970.36	45.74
Employed.....	524.17	626.95	1,151.12	54.26
Parole of grounds.....	120.67	31.56	151.63	7.14
Out for exercise.....	770.27	791.44	1,561.71	73.62
Noisy.....	30.94	125.05	155.99	7.35
Violent.....	1.01	18.71	19.72	.93
Destructive.....	3.50	40.12	43.62	2.05
Soiled or wet.....	74.47	143.78	218.25	10.29
Taking medicine.....	22.01	24.07	46.08	2.17
Infirm.....	343.53	401.24	744.77	35.11

The average daily number for the entire year is represented in each instance in the percentages given in the preceding table, that is: the average daily number of patients in bed was 206.59, or 9.74 per cent of the average daily number of patients in the wards of the hospital for the year, and the average daily number out for exercise was 1,561.71, or 73.62 per cent of the same average daily population. The large percentage of bed cases shown, nearly ten per cent, is explained by the fact that many senile and infirm cases cannot readily be removed to institutions outside of the metropolitan district and are of necessity received at the Boston State Hospital. This accounts in some measure for the large proportion of our patients who belong to the infirmary class, — about thirty-five per cent of the total number cared for. The continued shortage of nurses and attendants is partly responsible for the amount of restraint and seclusion as shown by the above table, although this is small. It will be observed that quite a large proportion of our patients goes out for exercise daily, if the percentage of infirm (including the bed patients) is taken into consideration. The average daily number of noisy patients is of considerable interest. Popular ideas regarding institutions of this type are not borne out by the actual number of violent patients. Eliminating the percentage of bed cases, the average daily number of patients employed in useful occupations is very gratifying.

#### GENERAL HEALTH OF THE HOSPITAL.

During the year the general health of the patients has been good, there having been no serious epidemics. In January an attendant in the West group was found to have a mild attack of measles, from which he recovered quickly. In the same month a patient in West G-4 developed scarlet fever. He made a good recovery, however, and no other cases appeared. In March an isolated case of diphtheria was discovered in a patient in West F-3, and he was sent to the Boston

City Hospital for care. A patient in West G-2 was found to have an attack of German measles in June, but no other cases developed.

The usual number of minor accidents and injuries occurred in the wards and were all reported in the usual manner to the Board of Trustees and the Department of Mental Diseases, and thoroughly investigated. There have been no homicides nor suicides during the year.

The treatment of neurosyphilis has been continued by Dr. Roy D. Halloran during the year. Three hundred and ninety-five treatments were given to fifteen patients, making an average of 26.33 treatments per patient. These were as follows:

Tryparsamid—Intra-arterial (dose 3 gm.)	184
Sulpharsphenamine—Intravenous (dose .6 gm.)	113
Sulpharsphenamine—Intracarotid (dose .6 gm.)	98

The chief investigation in the treatment of general paralysis during the year consisted in the injection of drugs directly into the carotid artery, at first by the open dissection method and later by the simpler method of direct puncture, according to the technique of Enderlin and Justi. The purpose was to place the concentrated doses in close contact with brain tissues. Treatments were begun in August, 1924, and were continued weekly through June, 1925. Results were noted in three groups, as follows: In the first, sulpharsphenamine in .6 gram doses was employed until January, 1925, in 9 cases. In the second, tryparsamid in 3 gram doses was used from January to June, 1925, in 11 cases. Improvement occurred mentally in 6 cases, physically and serologically in 8. Tentative conclusions were reached from over 250 injections that this method could be utilized indefinitely without injury to the artery and without untoward systemic signs. It was thought significant that none of the cases became worse although some were deteriorating when treatment was begun. Treatments were finally discontinued because it was believed that this method held no advantages over the less technical methods already in use. In the third group, 4 cases, from April to June, 1925, were given intracarotid injections of sulpharsphenamine preceded six hours by the injection of 100 c.c. of 15 per cent saline solution intravenously. The purpose was to first dehydrate the brain and theoretically increase the penetrability of the tissues so that the drug would be more readily absorbed when the brain resumed its usual state. This is believed to occur in about six hours. Treatments were discontinued because practically no improvement was noted and technical difficulties were encountered.

Seven hundred and eighty-three Wassermann examinations were made for us by the State Department of Public Health,—660 blood serum and 123 cerebrospinal fluid.

#### EMPLOYEES.

On September 30, 1924, there were 409 persons in the employ of the hospital. During the year 551 were appointed, 525 resigned and 28 were discharged. Nine hundred and sixty persons occupied 451 positions,—a rotation of 2.13. The average daily number of employees during the year was 415.37, with 8.00 per cent of vacancies. The average daily number in the ward service was 236.71 with 9.65 per cent vacancies. The ratio of ward employees was one to 8.96, and of all employees, one to 5.10. The shortage of employees has continued, with a slight improvement during the year. This condition affects the efficient and proper care of patients in various ways, especially in the wards. With a full quota of employees more patients could be occupied and less restraint and seclusion required. The lack of ward supervision, moreover, has resulted in a destruction of clothing and other ward supplies that is of considerable importance from a financial point of view. It is difficult, with the limited number of nurses and attendants, to handle satisfactorily the increasingly large number of visitors who come to the hospital to see their relatives and friends. We frequently have eight or nine hundred visitors in one day, the highest number on any one date during the year being 1,129. The decrease in the number of nurses is, of course, a material factor in increasing accidents, injuries and escapes. It is still difficult to maintain an adequate force of female nurses and attendants. This is due, doubtless, in part,



to the fact that the hours of duty are long, and association with mental cases is not attractive to those who are not familiar with this line of work. However, the general hospitals have also been affected by this problem to a certain extent. Under the circumstances, an increased compensation should be seriously considered. One of the factors which has interfered with our maintenance of an adequate force of ward employees heretofore has been the lack of comfortable living quarters. At the present time we are unable to properly house male attendants. The employees' cottage occupied by men has a capacity of only 42. Our quota of male attendants is 114. It has been necessary for them to be quartered in attics and in many places which are far from being desirable. We are badly in need of a new building for male ward attendants. We have no satisfactory place for employees engaged in outside work. The old farmhouse in the West group, which furnishes quarters for only 19 persons, is in such a condition that it should be torn down and replaced as soon as possible. There has always been difficulty in inducing our employees to live in it. The fact that our male attendants have been scattered around in so many different places has, of course, made it difficult to keep them under proper supervision.

The shortage of staff quarters is also a serious matter which should be remedied as soon as the cost of construction will permit. Various officers and employees assigned to the East group have from time to time been compelled to live in buildings in the West group, nearly a mile away.

#### MEDICAL SERVICE.

There have been several changes in the medical staff of the hospital during the year. On December 4, 1924, Dr. George G. Kelly was appointed assistant physician to fill the vacancy created by the promotion December 1, 1923, of Dr. Roy D. Halloran to senior assistant physician. Dr. Kelly was educated in the High Schools of Fall River and Lowell, and received his medical degree from the Hahnemann Medical College, Chicago, in 1908. Since that time he had been in private practice in Bellows Falls, Vt. To fill a vacancy of long standing, Dr. Benjamin Pollack was appointed pathologist on June 15, 1925. Dr. Pollack graduated from Tufts College Medical School in 1922, and from that time to the date of his appointment here he served in the Neurological Department of the Boston City Hospital and also did some work with Dr. Leary at the Tufts Medical School. He resigned on October 24, 1925, and removed to Florida. I regret to report that after nearly five years of service as senior assistant physician at this hospital Dr. John C. Lindsay resigned on July 20, 1925, to accept an appointment as resident physician at the Reformatory for Boys, at Cheshire, Conn. Dr. George H. Maxfield was appointed senior assistant physician to succeed him on August 1, 1925. Dr. Maxfield received his preliminary education at Tilton School, N. H., and graduated from Harvard Medical School in 1903, since which time he has had considerable institution experience. He served as interne for one year at the State Infirmary, for two years as assistant physician at the New Hampshire State Hospital in Concord, and from June 1, 1905, to November 15, 1910, at the Boston State Hospital as assistant physician. From that time until the time of his reappointment here he was surgeon at the Soldiers' Home at Chelsea. To fill an existing vacancy Dr. Alexander Marcotte was appointed assistant physician on July 25, 1925. After a preliminary education in Montreal he received his medical degree from the Université de Montreal in 1925. He served six months as assistant physician at the Ste. Justine Hospital for children at Montreal. Dr. Anna E. Parker, assistant physician, resigned on January 1, 1925. To fill this vacancy Dr. Anna C. Wellington was appointed on October 1, 1925. Dr. Wellington received her medical degree from Tufts College Medical School in 1912, was interne for six months at the Boston Dispensary Children's Hospital in 1912, executive assistant and assistant physician at the Psychopathic Department of this hospital from January 1913 to May 1917, assistant physician at the Medfield State Hospital from October 1919 to June 1921, and from 1921 to 1924 was in charge of the Mission Hospital at Chanda, C. P., India. There have been no changes in the staff of consulting specialists during the year.

Staff meetings have been held as usual, alternating between the East and West



groups. Efforts have been made to present all new admissions at these meetings, as well as cases about to leave the hospital on visit or cases to be discharged.

Dr. Irving J. Walker of Boston has visited the hospital regularly and had charge of the surgical work during the year, assisted by Dr. Llewellyn H. Rockwell. Three cases were sent to the Boston City Hospital for operation. The more important operations of the year at this hospital were as follows: Amputations—arm, 1; breast, 2; forefinger, 1; leg, 4. Appendectomy, 2. Cholecystotomy, 1. Complete iridectomy, 1. Complete hysterectomy, 2. Double inguinal herniotomy, 1. Excision of epithelioma and plastic operation of lower lip, 1. Excision of neck of humerus, 1. Exploratory laparotomy, 1. Gangrenous gall bladder, 1. Herniotomy, 4. Incision of abscess and drainage of cheek, 1. Incision of carbuncle, 1. Incision of cancerous glands of neck, 1. Incision and drainage: abscess of neck, 2; abscess of thigh, 1; suppurative appendix, 1. Incision of leg, 1. Paracentesis of abdomen for ascites, 1. Purulent peritonitis, 1. Reduction of fracture of humerus, 1. Removal of carbuncle, 1. Repair of fracture of patella, 1. Sub-parietal decompression, 1. Tumor of testicle, 1.

#### OUT-PATIENT SERVICE.

The supervision of patients in family care and those on visit, as well as the after care of cases discharged from the custody of the hospital, is an important part of the work of the out-patient department. Medical advice is given to many persons who come to the hospital to consult members of the staff on matters concerning their own welfare or that of their family or relatives. Frequent visits are made by the social workers to patients who have been allowed to go home or who have left the hospital temporarily for family care. Patients on visit are also required to report at the hospital at regular intervals for observation. Many former patients who have been discharged are kept under the supervision of our social workers and physicians. Some cases which appear for consultation are referred to their family physicians or to the Boston Psychopathic Hospital. The following table shows the movement of patients under the supervision of the out-patient department:

	Males	Females	Totals
In family care September 30, 1924.....	1	11	12
On escape September 30, 1924.....	6	2	8
On visit September 30, 1924.....	155	190	345
Dismissed to family care during the year.....	0	8	8
Escaped during the year.....	25	5	30
Dismissed on visit during the year.....	790	697	1487
Dismissed on visit from family care during the year...	0	3	3
Admitted from family care during the year.....	0	7	7
Admitted from escape during the year.....	13	4	17
Admitted from visit during the year.....	739	575	1314
Admitted from family care and discharged.....	1	0	1
Admitted from escape and discharged.....	5	2	7
Admitted from visit and discharged.....	110	137	247
Admitted from visit from family care.....	0	1	1
In family care September 30, 1925.....	0	10	10
On visit September 30, 1925.....	96	175	271
On escape September 30, 1925.....	13	1	14
On visit from family care September 30, 1925.....	0	2	2

#### SOCIAL SERVICE DEPARTMENT.

The following is a summary of the social service work done during the year under the direction of Miss Marie L. Donohoe:

Total number of cases considered.....	1,193
New cases, Hospital.....	227
New cases, School clinic.....	169
New cases, community.....	13
Renewed cases from previous year.....	105

Continued cases from previous year	{ active, . . . . .	332
	{ inactive, . . . . .	296
	{ closed, . . . . .	51
Closed cases during the year:		
Hospital . . . . .		459
School clinic . . . . .		169
Community . . . . .		18
Cases continued . . . . .		547
Sources of new cases:		
Referred by physicians:		
Hospital . . . . .		156
School . . . . .		169
Referred by community agencies . . . . .		43
Referred by friends or relatives . . . . .		14
Referred by initiative of patients . . . . .		8
Selected by Social Service . . . . .		6
Purposes for which cases were referred:		
Histories:		
Hospital patients . . . . .		95
School clinic cases . . . . .		169
Investigation:		
Conduct disorders . . . . .		53
Employment situations . . . . .		36
Home conditions . . . . .		75
Statements of patients . . . . .		51
Statements of others . . . . .		51
Full social investigations . . . . .		123
Supervision:		
In home . . . . .		232
In industry . . . . .		48
In community . . . . .		129
Care of patients' families . . . . .		71
Personal services . . . . .		148
Placement . . . . .		73
For medical care . . . . .		38
Ex-service investigations . . . . .		51
To care for property . . . . .		14
Abstracts sent on . . . . .		53
Location of relatives . . . . .		30
Problems in all cases:		
Disease:		
Mental . . . . .		377
Physical . . . . .		84
Sex problems:		
Promiscuity . . . . .		5
Wayward tendencies . . . . .		17
Environment:		
Financial difficulties . . . . .		55
Employment difficulties . . . . .		57
Unsuitable surroundings . . . . .		35
Friction (family, 37; others, 4) . . . . .		41
Marital difficulties . . . . .		40
Personality problems:		
Temperament . . . . .		58
Anti-social habits . . . . .		40
Vacillating interests . . . . .		9
Educational problems:		
Readjustment of habits of mind . . . . .		118
Recreation,—church; social relationships . . . . .		101

Legal problems:	
Concerning property or support . . . . .	67
Resulting from conduct of patient . . . . .	17
General problems:	
Family and children . . . . .	70
Friendlessness . . . . .	27
School . . . . .	169
Miscellaneous . . . . .	18
Nature of service rendered:	
Medical:	
Information relating to school history . . . . .	169
Information relating to medical history . . . . .	237
Information relating to home conditions . . . . .	152
Information relating to conditions of out-patients . . . . .	263
Arrangement for medical assistance . . . . .	47
Social:	
Adjustments for patients:	
Environment . . . . .	103
Personal relations . . . . .	139
In industry . . . . .	38
In recreation . . . . .	66
Advice to relatives . . . . .	174
Advice to patients . . . . .	215
Advice to others . . . . .	93
Connecting with agencies . . . . .	118
Connecting with individuals . . . . .	36
Family assistance:	
Legal . . . . .	25
Financial . . . . .	26
Miscellaneous . . . . .	50
Arrangements for further study or training . . . . .	29
Personal services . . . . .	219
Placement work:	
Home . . . . .	31
Industry . . . . .	15
Abstracts sent on . . . . .	55
Relatives located . . . . .	24
Total number of visits . . . . .	2,734
To patients on ward . . . . .	468
To patients on visit . . . . .	480
To relatives or friends . . . . .	786
To social agencies . . . . .	585
To others . . . . .	415

During the year the material in the paper read last year by Miss Donohoe, at Toronto, was incorporated in an article on "Psychiatric Social Work" published in "Mental Hygiene." In May, Miss Donohoe read before a group of psychiatric social workers a paper relating to the work carried on at the Hopkinton Occupational Therapy Center.

There has been no change in the authorized personnel of the social service department, and the need of more workers and better salaries is still felt in order to carry on in an efficient manner the extensive work of this department. The paid workers are the same as last year,—one head social worker and two assistants,—augmented during nine months of the year by three students from the Smith College School for Social Work.

#### PATHOLOGICAL LABORATORY.

The following is a summary of the routine work of the pathological laboratory:—Autopsies, 61; Blood examinations; Cell count, red, 34; Cell count, white, 35; Cell count, differential, 35; Hemoglobin estimation, 31; Bacteriological examina-



tions, 37; Cerebrospinal fluid examinations, 27; Examination of feces, 1; Examination of stomach content, 1; Miscellaneous, 24; Pathological examinations, 16; Sputum examinations, 9; Urinalyses, 1,089.

Dr. Benjamin Pollack, appointed pathologist in June, resigned in October, and we are still indebted to Dr. Marjorie Fulstow, pathologist to the Department of Mental Diseases, for autopsy work at the hospital during the time we were without a pathologist.

The number of deaths in the hospital during the year was 265, of which 61 came to autopsy, making the autopsy percentage for the year 23.02.

The following shows the psychoses represented in cases coming to autopsy:—Traumatic psychosis, 1; Senile psychoses, 10; psychoses with cerebral arteriosclerosis, 19; General paralysis, 4; Psychoses with cerebral syphilis, 2; Psychosis with Huntington's chorea; Psychosis with other brain or nervous disease, Tabes dorsalis, 1; Alcoholic psychosis, 1; Psychoses with other somatic diseases, 2; Manic-depressive psychoses, 2; Dementia praecox, 11; Paranoid condition, 6; Undiagnosed psychosis, 1.

The causes of death of these cases were as follows: Abscess of lung, 2; Arteriosclerosis, 9; Asphyxiation by position (accidental), 1; Bronchopneumonia, 14; Carcinoma of duodenum, 1; Carcinoma of liver, 1; Cerebral hemorrhage, 2; Cystitis, acute, 3; Diarrhea and enteritis, 1; Dilatation of heart, acute, 1; Empyema, 1; Endocarditis, chronic, 3; Enteritis, chronic, 1; General paralysis, 1; Lobar pneumonia, 5; Miliary tuberculosis, acute, 1; Myocarditis, chronic, 6; Pernicious anemia, 1; Pulmonary thrombosis, 1; Pulmonary tuberculosis, 4; Sepsis, 1; Tubercular peritonitis, 1.

#### DENTISTRY.

The resident dentist, Dr. Lawrence H. Stone, resigned February 1, 1925, to enter private practice, and on February 3, 1925, Dr. Martin H. Rose was appointed to this position. The following work was done in this department during the year: Alveolotomies, 4; bridges, 2; cleanings, 683; curettements, 60; examinations, 2,027; extractions, 2,222; fillings, 881; medicinal treatments, 318; miscellaneous, 50; parotid duct drainage, 1; patients treated, 2,617; plates, 11; plates repaired, 3; pyorrhea treatments, 73; restorations, 25; sutures, 58; treatments of inflammatory facial and gauze drains, 29.

#### HYDROTHERAPY.

During the year the hydrotherapy department has received the usual amount of attention from Dr. Rebekah B. Wright, representing the Department of Mental Diseases. Mrs. Helena B. Hubbard gave up her work as hydrotherapist on August, 1 1925, when she went on a leave of absence because of poor health, resigning later. During the year 1,949 packs and 4,855 continuous baths were given, making the average daily number of packs 5.33 and the average daily number of continuous baths 13.30. The following treatments were also given during the first ten months of the year: Salt glows, 413; Sitz baths, 329; hot and cold to spine, 450; foot baths, 157; saline baths, 3; Swedish shampoos, 553; fan douches, 1,566; needle sprays, 1,952; wet mitten friction, 1; and vapor baths, 61; to which should be added 656 tonic baths of various kinds. The patients treated had the following psychoses: Manic-depressive, manic type, 1; depressive type, 7; dementia praecox, paranoid type, 1, catatonic type, 7, hebephrenic type, 5; type undetermined, 1; psychoneurosis, hysterical type, 1; psychosis with other somatic disease, encephalitis lethargica, 1; paranoid condition, 2; psychosis with mental deficiency, 1.

#### SCHOOL CLINIC.

The school clinic work has been continued during the year by Dr. Alberta S. Guibord in the public schools in Everett and Somerville. From September, 1924, to June, 1925, 414 children were examined, showing the following grades of intelligence: Superior normal, 1; normal, 39; dull normal, 75; borderline, 136; feeble-minded, upper range, 85; feeble-minded, lower range, 50; diagnosis deferred, 28. Among the children examined were found 3 epileptic and 15 psychopathic and neurotic. In the group showing diagnosis deferred, all the cases, with one exception, were potentially feeble-minded and borderline,—seven in the lower range. Diagnosis was deferred, however, because of language handicap, defective sight

or hearing, disturbed emotions, or some other condition affecting the validity of the tests. That forty (approximately ten per cent) of normal intelligence were sufficiently retarded in their school work, to be referred to the school clinic, illustrates the fact that mental defect is not the only cause for backwardness in school. Physical defects, bad home conditions, emotional conflicts, attention diverted by precocious sex and other unwholesome interests, and even misunderstanding on the part of teachers, were found to be causative factors. The borderline and feeble-minded groups, and to some extent also the dull normal, are the ones of particular significance to the psychiatrist and to society. Evidence seems to show that the criminal, the insane, the dependent and many other of the burdens carried by the responsible body of society, are largely made up of these grades of intelligence. It is generally agreed that the hope for relief from these burdens is in prevention. Detection while still in school, and training in useful occupations, are important parts of the preventive treatment. The part of the school clinic is to discover and prescribe; the part of the school is to provide the training. Slowly but surely the schools are establishing courses of instruction suited to these particular pupils who cannot profit by academic training beyond a few grades.

#### TRAINING SCHOOL FOR NURSES.

Miss Elizabeth M. Sheehan, assistant superintendent of nurses, resigned on August 1, 1925, after twenty-one years in the State service. With this exception, the executive staff remains unchanged. During the year three seniors completed their three years' course of training. There are now employed in the wards of the institution eleven of our own graduates. One of the most important objects of the nurses' training schools is the instruction of employees who are to care for the patients in our wards, although it is also desirable to graduate nurses who are qualified to care for psychiatric cases in the community. It is becoming more difficult, however, to maintain training schools for nurses in the State hospitals. There are now no pupils in our training school and no applications are being received from those who meet the minimum entrance requirements. Graduate nurses find work in other fields of nursing more attractive as well as more remunerative, and there is continued difficulty in retaining our own graduates, many of whom leave the service soon after the completion of their training to accept positions which are more profitable financially. If the standards of our hospitals are to be maintained, we must have more graduate nurses. To accomplish this, it will be necessary to offer a higher rate of pay to graduate and charge nurses. The systematic instruction of attendants, both male and female, is being carried on along the lines prescribed by the committee on training schools, representing the Department of Mental Diseases.

#### OCCUPATIONS AND INDUSTRIES.

Miss Martha M. Taintor resigned as head occupational therapist on December 31, 1924, and the work of the department was carried on under the direction of Miss Gladys A. Willey until the appointment on June 15, 1925, of Miss Clara H. Offutt, the present head occupational therapist. Of the 1,181 patients who have come under the supervision of this department during the year, 9 improved enough to be allowed to go home, 12 were benefited sufficiently to be capable of working in other departments of the hospital, 14 were transferred to other hospitals, and 63 died. The average daily number occupied in the male wards was 108, and in the female wards 291, making a total average daily number of 399. The highest number occupied on any one day was 541. The authorized personnel of this department has been increased by two during the year and now consists of one head occupational therapist and eight assistants. Four attendants are also assigned to this department. Six students from the Boston School of Occupational Therapy have each had one month of practical experience at the hospital, taking a great deal of interest in the work. The department is developing and growing each year. Classes are conducted in all the ward buildings except West D, where some of the men are paroled and working outside and in the industrial shops and others attending classes in the C-2 class room. A class is held in each ward in West A, the building for chronic disturbed women, with the result that the patients have become interested, happier, less destructive and more easily managed. In



West B a class is carried on every morning in the class room, where the patient who needs and can do more varied and advanced work is given the thing she particularly needs. Classes on West B-5 and B-6 have responded successfully and B-7, a very disturbed ward, has developed several patients who are keenly interested and have shown some insight as to the reason for the work. In the East group classes have been continued very satisfactorily in all the ward buildings except G, and the classes in B and C especially have shown beneficial results. The work for the women consists of basketry, weaving, needle work, rug making, plain sewing, braiding hats, rake knitting, plain knitting and crocheting. In West C a class of thirty men is doing splendid work of a more advanced type, making rake knit caps, toys, rugs, baskets, woven table runners, and doing simple bookbinding, card weaving, block prints and wood carving. In West F a large class has recently been organized in the class room, where patients can concentrate and do better work than on the wards. These men were rather reluctant to enter the class at first, but now are quite enthusiastic and come without urging. Classes are also conducted on each ward of the West F Building,—the infirmary building for men,—occupying patients who can do the simple problems of sand-papering toys, winding balls and playing games. In the admission and disturbed building, West G, most interesting classes are held, the patients being capable of good work. Some simple physical exercises are being given and the joy and interest with which the patients respond shows the great need for a trained physical director to carry on this part of the work. We have also been able, by means of a small fund given the department, to have little parties with refreshments, on each ward, which have been very helpful in stimulating good fellowship. As a factor in the reconstruction, habit training and general helpfulness of hospital life, it is the object of the occupational therapy department to put into practice the definition as accepted by the National Association. It is our desire and aim,—through the use of crafts, color, needle work and other mediums which have been found to stimulate,—to help to restore, as far as possible, the physical and mental functions of men, women and children in hospitals, by means of carefully planned and guided work, exercise and amusements, and to help, if we can, to give them the ability to meet the world on a normal basis. If this is not possible, then to help to give them some stability, some confidence, some occupation whereby they may become less destructive and happier and better ward citizens.

During the year the "occupational therapy center for mental patients" at Hopkinton has continued and has shown real progress. There has been a slight increase in the number of patients at this place and with the full time services of an occupational therapist it has been possible to supervise the mental and physical health of the patients as well as their employment and recreation. We have still kept in sight the purpose of the Center,—a stepping stone from the hospital to normal community life. It takes the place of the convalescent home for the physically ill. We have given the patients freedom and opportunities that could not possibly be given in a large state hospital. We have also expected of them much that could not be expected in the hospital,—responsibilities and duties to prepare them to take up their regular places in the community later. There has been a marked improvement in all the patients who have been at the Center except in two cases. One of these patients still needs the careful guidance of the home and the other had to be returned to the hospital for further care. The adjustments of all who have left the Center have been excellent. Three patients did not get along well the first time they left. They were urged to return and on the second trial, with the guidance of the Social Service Department, they adapted themselves to conditions and at the present time are getting along comfortably and happily in the community. There were twenty-four different patients at the Center during the year, including three from the Boston City Hospital, one from the Peter Bent Brigham Hospital, one from the Westborough State Hospital, three from the Worcester State Hospital and one from the Foxborough State Hospital. All of the other patients were from our own institution. The appreciation of the other hospitals has been very gratifying. They have been delighted to find a place to board patients where an effort is made to really re-educate and reestablish the patients in normal community life. Several of the patients who have left the Center have been of real economic value in the world,



—patients who are earning at least \$25 a week and who are well worth the effort spent upon them from the economic as well as the humanitarian standpoint. It is still impossible to measure financially the advantage of such a home. In three cases we feel definitely that unless there had been such a place the patient would unquestionably have had to return to the hospital. One of these patients has had five different hospital residences and this year, because she could go to Hopkinton for a month's rest, she was able, with the help and understanding given her at the Center, to avoid a return to the hospital. For five months she has been earning \$15 weekly besides her maintenance, and is apparently making a perfectly satisfactory adjustment. The fund of \$500 again given by the Committee of the Permanent Charity Fund Incorporated was used to help supplement the board of patients, and for general running expenses. The services of a full time occupational therapist were paid for by Mrs. L. Vernon Briggs, who has continued to show her interest in the Center and to give considerable help and advice in the work of the patients there. Nearly \$1,000 has been taken in for work done by the patients, through the treasurer, and over \$200 has been taken in directly by the patients for work done for their own personal friends. All of the money has been turned back to the patients after deducting the cost of the materials. The question of funds is an acute one. Many patients in the hospital could be given the benefit of the Center, were they able to pay the board needed for their care. The State should allow sufficient money to pay the board of patients at such a place. It would not be more than the cost for a patient in the hospital. The Committee of the permanent Charity Fund Incorporated again promises \$500 for the coming year, for the furthering of the undertaking. Mrs. Briggs also promises to pay the salary of a full time worker to help develop and enlarge the work. As in the past, the work of the Center has been carried on under the direction of the Social Service Department. The financial side is cared for by Mr. William F. Whittemore, who kindly continues to act as treasurer and relieve the Social Service Department of the financial responsibilities. We feel that instead of curtailing the work it should be enlarged and that other Centers of this kind should be established.

Miss Madge B. Lytell has directed the work of the industrial room for women in the East group during the year. This consists of basketry, rug making, weaving, lace making, embroidery, knitting, crocheting, sewing, mending, etc., and the estimated value of the articles produced in this department was \$7,748.90. The industrial work for men has been carried on under the direction of Mr. James F. Hurley. This is done entirely in the basement of the B Building in the West group, and includes shoe repairing and various other repair work, the manufacture of several different kinds of brushes, brooms, coat hangers, hats and numerous other articles. The value of articles produced during the year is estimated at \$6,972.21. The articles produced in the occupational and industrial departments in the hospital for the year represented a total valuation of \$15,196.11.

#### AGRICULTURAL ACTIVITIES FOR THE YEAR.

Mr. Lawrence J. Olsen has had charge of the work of the farm for the past year. A total of 138 acres was under cultivation. This consisted of 37 acres devoted to gardening and 10 acres plowed and sowed to grass, in addition to 87 acres of meadowland and 4 acres of orchards and small fruits. The estimated value of farm products during the year was \$16,179.23.

#### FINANCIAL STATEMENT.

The maintenance appropriation for the year was \$775,620.00. To this was added \$3,838.86, brought forward from the preceding year, making a total of \$779,458.86. The maintenance expenditures of the hospital for the year were as follows:

	Amount Expended	Per Capita	Percentage of Total
Personal services.....	\$358,058.54	\$167.060	47.632
Travel, transportation and office expenses.....	6,108.09	2.850	.812
Food.....	184,200.46	85.942	24.504
Religious instruction.....	2,079.98	.970	.276
Clothing and materials.....	29,812.79	13.909	3.966
Furnishings and household supplies.....	45,612.87	21.281	6.068
Medical and general care.....	25,355.74	11.830	3.373
Heat, light and power.....	53,184.95	24.815	7.075
Farm.....	5,998.28	2.798	.798
Stable, garage and grounds.....	5,999.49	2.799	.798
Repairs, ordinary.....	15,366.58	7.169	2.044
Repairs and renewals.....	19,946.75	9.307	2.654
<b>TOTAL.....</b>	<b>\$751,724.53</b>	<b>350.730</b>	<b>100.000</b>

Based on the average daily population of the hospital (2143.30), the per capita cost of maintenance for the year was \$350.73, or \$6.7448 per week. The per capita cost for the year 1924 was \$355.115, or \$6.829 per week. An important factor in keeping up the cost of maintenance is the type of patients cared for in this institution, about one-third of the population being of the infirmary class, with a large percentage of bed patients. The absence of a dairy and the lack of agricultural facilities are serious considerations. Owing to the fact that our old ward buildings are made up of small units and consist largely of single rooms, a greater number of employees and more supervision are required than would be necessary in buildings of another type where only custodial care is needed. No buildings designed for purely custodial patients in considerable numbers have ever been erected at this institution. The cost of maintaining the old buildings erected many years ago by the city of Boston increases each year.

#### GENERAL OPERATIONS FOR THE YEAR.

The usual visits were made during the year by the Department of Mental Diseases and its representatives, as well as the Legislative Committee on Public Institutions. The hospital was also visited by Lieutenant Governor Allen and the members of the Executive Council.

Mr. Stetzel and Mr. Ryan, representatives of the Department of Public Safety, made an elaborate survey of the hospital and submitted recommendations relating to fire prevention which they believed to be necessary. Following the disastrous fire at the Scobey Hospital on Beacon Street in December, a thorough investigation was made by Fire Commissioner Theodore A. Glynn of the City of Boston of all the hospitals in the community. The following is a very brief quotation from his recommendations for the Boston State Hospital: "That all the old buildings, wooden and stucco covered, should be demolished and buildings of 1st class fire-proof construction be erected in their stead." He concludes his report with the following remarks: "These recommendations, which may appear extensive, are an urgent necessity and based on the nature of the occupancy, and the character of the construction which is hardly fit for persons of normal physical and mental condition." In November, 1924, we had a fire in the occupational therapy room in the West C Building, which fortunately did not do a great amount of damage. This was due to the neglect of an employee who had failed to remove oiled rags from the building, in direct violation of the hospital rules. There was also a fire in the clothes room of the West D Building in the following month. This was doubtless due to a lighted pipe left by one of the patients in his overcoat pocket. These are warnings which should not be disregarded. The question was considered by the Trustees of the hospital to be one of such great importance that, as shown by their report, they have recommended some very extensive changes (page 4). It is, of course, to be conceded that the removal of all of the old stucco buildings, which have a capacity of 620 patients, and the replacement of these structures by modern buildings of fireproof construction would mean a considerable expenditure of funds. There is, however, no other way to prevent the possibility of a considerable loss of life unless these changes are made. If the welfare of our patients is to be adequately safeguarded, plans for such construction should be made at the earliest possible moment. The buildings in question cannot be rendered safe by additional fire escapes or even by sprinklers, which are out of the question in day rooms and dormitories. An appropriation of \$4,400, available



for the purpose of fire prevention, was expended during the year by the Department of Mental Diseases for the installation of a number of kalamein doors in the West C, D and H buildings.

Attention should be called at this time to the necessity of making provision at some future time for the isolation of patients suffering from tuberculosis. A separate building is needed for this purpose. It is hardly fair to the other patients to expose them to the danger of infection from such a disease as tuberculosis.

The interiors of the East and West group kitchens were repainted during the year, very noticeably improving the appearance of these buildings.

The roofs of the power house and the laundry building were repaired quite extensively during the year.

The rather extensive alterations which have been under way for some time in the West group Administration Building were completed during the month of April. This has enabled us to place new and larger dining rooms at the disposal of the staff and the clerical force of the West group, resulting in a material improvement in the food service and adding greatly to the comfort of the medical officers.

Two new cabinet dryers were installed in the laundry in March.

As we are unable to furnish various officers and employees of the hospital with garage accommodations, they have been authorized by the Board of Trustees to maintain their own metal fireproof garages in the rear of the West B Building, subject to such regulations as may be prescribed by the Superintendent.

The installation of loud speakers in the various buildings of the East group, with one exception, which was undertaken during the previous year, was completed in 1925. No other form of entertainment has been enjoyed and appreciated as much by the patients as the programs which they receive daily over the radio. It has become much more popular than even the moving pictures or dancing. It has very decided advantages in that its benefits can be extended to patients of the noisy and violent type who, naturally, are not permitted to attend entertainments in the chapel, as well as to those who are confined to their beds in the infirmary wards and never have an opportunity to take part in entertainments of any kind.

The wooden steps at the entrances to various buildings in the East group have been replaced during the year by cement structures, which will do away with the necessity for frequent repairs.

Quite a number of yards of cement walk have been laid in the West group, principally in the neighborhood of the kitchen and dining room building, which will render that place much more accessible from the various other buildings.

The work of filling in the land in the rear of the East group buildings was very nearly finished during the year and the contractor who is removing ashes for the Dorchester District has now commenced work on the filling in of the land west of Morton Street.

The roof of the West G Building, which was in a very bad state of repair, was replaced during the year, asphalt shingles being used for this purpose.

The window guards on this same building were also replaced during the year. It is to be hoped that this will do away with the considerable number of escapes from the G Building, with which we have had to contend heretofore. The amount of money available for the purpose was, unfortunately, not sufficient to make it possible to use tool-proof window guards, which would be very desirable. The necessity of having a better grade of guards on the windows of a building housing disturbed patients is, I think, shown by the fact that on two different occasions patients have already managed to cut their way through these new window guards with hacksaws. If we are to continue the care of a considerable number of criminal cases, as we have in the past, this one building, at least, should be made secure.

Hoods have been installed over the ranges and kettles in both the East and West group kitchens. It is to be hoped that this will do away with some of the discolorations of the paint in the monitors.

A new switchboard was installed by the American Telephone and Telegraph Company in the office of the East group during the summer.

The employees' club, which is housed in a building located just south of the F Building in the West group, has continued to flourish and has become quite



popular. It is a source of a great deal of comfort to the employees of the hospital, to the patients who are allowed the freedom of the grounds, and to the large number of visitors who are present at the hospital daily. It furnishes the employees, when off duty, with a place of recreation. Many of them take advantage of the opportunity to use the pool and billiard tables, play cards, etc. Those who do not care for entertainments of this kind get a great deal of pleasure out of listening to the radio. The club store makes it possible for all who wish to do so to obtain light lunches at any time. All of the employees of the hospital are given the freedom of the clubhouse. Dances and various other entertainments are held from time to time. The club is conducted by the employees at their own expense, although it is under the complete supervision and control of the Trustees of the hospital and subject to such regulations as may be issued from time to time by the Superintendent.

The roof on the barn in the East group was extensively repaired during the summer. This building is covered with paroid roofing material, which does not last very long.

The carpenters and masons completed a cement areaway around the windows at the west end of the paint shop in October.

One new washing machine was installed in the laundry during the year.

At the end of the year the interior of the West D Building was being repainted. This is something which had been badly needed for a long while.

In the power house three additional hand stokers were installed during the spring.

A very interesting model of the hospital grounds and buildings was completed in 1925. This is to be seen in one of the exhibition rooms in the occupational therapy center in the West C Building. It is a very attractive arrangement, showing very graphically the location of all of our buildings. Practically all of the work on this model was done by the patients of the hospital under the direction of the head occupational therapist. The carpenter work, which was contributed by the hospital force, was the only thing done outside of the occupational therapy department.

Forty-eight women were transferred to the Grafton State Hospital by the Department of Mental Diseases on November 17th.

The Governor and Council have set aside the sum of \$18,000 for the purpose of fire prevention at this hospital from a fund made available by Chapter 347 of the Acts of 1925. This amount will be expended by the Department of Mental Diseases.

No annual report for the Boston State Hospital would be complete without some reference to the Canterbury Branch of Stony Brook. The channel of the brook has not been cleaned out by the City of Boston since 1919, and it is entirely overgrown with weeds and very seriously obstructed. As a result of this obstruction, from thirty to forty acres of our land are covered with water several times during the course of each year. It occasionally gets into the steam conduit and has filled the pump room of the power house at various times to a depth of a foot or more. There is always a possibility that such a flooding of our grounds may render it impossible to provide heat for the West group, which now has a capacity of over 1,500 beds. If this should happen, the preparation of food for patients in that group would become exceedingly difficult, as all of our cooking facilities in the central dining rooms are very largely dependent upon steam. The channel of the brook has been covered by a conduit by the City of Boston up to the point where the brook enters the hospital property on Harvard Street. It runs through our grounds for a distance of approximately 4,500 feet. The only way that property of the State can be safeguarded here is by extending the conduit for a distance of not less than 2,200 feet to the point in the hospital grounds where the brook crosses the road to the West group. Cleaning the channel is only a temporary expedient at best. To accomplish any great amount of good it would have to be done annually. The cost of this procedure, I am inclined to think, would be prohibitive. It has been suggested that the brook could be covered in at a point northwest of the hospital and outside of our grounds. This would accomplish no good purpose and would only serve to make matters worse, as it would dam up the water on our grounds and make its free egress impossible. Chapter 33

of the Acts of 1925 made provisions for the appointment of a special commission "to investigate the necessity for the construction of a covered channel to accommodate the waters of the Canterbury Branch of Stony Brook in the City of Boston." This commission was to consist of the Commissioner of Public Works of the City of Boston, an engineer of the Department of Public Health, and one citizen to be appointed by the Finance Commission of the City of Boston. The report of this commission is to be laid before the Legislature in time for action during its 1926 session. It is to be hoped that something definite can be accomplished soon.

#### NEEDS OF THE HOSPITAL FOR THE COMING YEAR.

The following items relating to construction deemed necessary for the coming year have been submitted to the Department of Mental Diseases:

1. Administration Building and Staff Quarters (requested in 1919, 1920, 1921, 1922, 1923 and 1924).....	\$180,000
2. Extension to Sewer, Water and Steam Lines (requested in 1920, 1921, 1922, 1923 and 1924.).....	13,000
3. Addition to Garage (requested in 1920, 1921, 1922, 1923 and 1924) ..	4,200
4. Purchase of Additional Land (requested in 1918, 1919, 1920, 1921, 1922, 1923 and 1924).....	50,000
5. Concrete Pavement in front of Power House (requested in 1920, 1921, 1922, 1923 and 1924).....	10,000
6. Concrete Platform for Coal Storage (requested in 1920, 1921, 1922, 1923 and 1924).....	6,000
7. Cottage for Farm Employees (requested in 1921, 1922, 1923 and 1924).....	30,000
Total.....	\$293,200

1. *Administration Building and Staff Quarters.*—The offices of the institution are now located in an old building purchased by the City of Boston about fifty years ago for use as an almshouse. This is a two and one-half story building constructed of wood throughout, contains numerous exposed electric wires, and has several wooden stairways running from the basement to the attic. This building is located within 50 yards of a large wooden barn containing hay, and is surrounded by other non-fireproof structures, the nearest being the chapel and a building occupied by patients. Its presence in this location is a serious menace, and in case of fire would threaten the loss of the entire East group. The building now houses over fifty employees, thirty of whom are living in the attic. The offices of the hospital should be in a central location. It is very inconvenient for relatives and friends of the patients to come from Walk Hill Street to the present administration building. The hospital has now reached a stage of development where an administration building is urgently needed. We do not propose to demolish the old wooden building now used for office purposes, but suggest removing it to other locations where it can be remodeled and used for housing employees, etc. In erecting an administration building we propose to provide additional accommodations for the staff on the second floor. Attention should be called to the fact that no new construction has ever been provided at the institution as yet for the exclusive use of the medical officers of the hospital.

2. *Extension to Sewer, Water and Steam Lines.*—When a new administration building is erected an extension to the sewer, water and steam lines of the institution will be necessary. Provision should be made for this at as early a moment as possible. When completed, this extension will also provide for several other buildings.

3. *Addition to Garage.*—No garage has ever been built for the hospital. We are using the old West group boiler house, remodeled for this purpose, at the present time. It is, however, not large enough, and additional space is badly needed.

4. *Purchase of Additional Land.*—Attention should be called again to the desirability of acquiring the 150,000 square feet of land belonging to the Forest Hills Cemetery and located south of Canterbury Street, adjoining the West group.

This is the only part of the site bounded by Canterbury Street on the north, Harvard Street on the south, Morton Street on the east, and Walk Hill Street on the west that has not as yet been acquired by the State. The buildings on the land could be used to very good advantage and would facilitate the removal of the barns and other objectionable structures adjoining the administration building in the East group. The desirability of acquiring this land was referred to by the joint special legislative committee on public institutions in their report of March, 1920, as shown in Senate Document No. 450.

5. *Concrete Pavement in Front of Power House.*—There is a granite block pavement in front of the laundry at the present time. This is not laid in cement and will have to be taken up soon. When relaid, this should be extended to the front of the power house, and carried as far as the storehouse. The heavy trucks now delivering coal to the power house render the installation of some kind of a serviceable pavement necessary. The cheapest pavement available will be concrete, at an estimated cost of \$10,000.

6. *Concrete Platform for Coal Storage.*—The recommendations of the consulting engineers representing the Department of Mental Diseases show that we should be able to take care of at least 6,000 tons of coal at one time. At present this is done by spreading the coal over a large space near the power house. This land is low and is frequently overflowed by water from the Canterbury Branch of Stony Brook. A considerable loss would be prevented by storing this coal on a cement platform (20,000 square feet).

7. *Cottage for Farm Employees.*—Attention has been called to the necessity of further provision for the housing of farm employees. The building now used for this purpose in the West group is one which has been in constant use since 1904. It has been remodelled throughout on several occasions and cannot be repaired further to good advantage. The building inspectors of the district police have refused to certify it for occupancy, and it should be replaced at the earliest possible moment.

Respectfully submitted,

JAMES V. MAY, *Superintendent.*

Nov. 30, 1925.

VALUATION

NOVEMBER 30, 1925

REAL ESTATE

Land, 233 acres . . . . .	\$609,508 00
Buildings . . . . .	2,695,063 94
	<hr/>
	\$3,304,571 94

PERSONAL PROPERTY

Travel, Transportation and Office Expenses . . . . .	
Food . . . . .	\$26,461 91
Clothing and Materials . . . . .	28,320 65
Furnishings and Household Supplies . . . . .	168,475 80
Medical and General Care . . . . .	3,414 01
Heat, Light and Power . . . . .	17,571 05
Farm . . . . .	10,559 13
Garage, Stable and Grounds . . . . .	6,519 07
Repairs . . . . .	5,119 01
	<hr/>
	\$266,440 63

SUMMARY

Real Estate . . . . .	\$3,304,571 94
Personal Property . . . . .	266,440 63
	<hr/>
	\$3,571,012 57



# TREASURER'S REPORT

To the Department of Mental Diseases.

I respectfully submit the following report of the finances of this institution for the fiscal year ending November 30, 1925.

## CASH ACCOUNT Receipts

<i>Income</i>		
Board of Patients:		
Private.....	\$28,369.00	
Reimbursing.....	57,313.96	
		\$85,682.96
Personal Services:		
Reimbursement from Board of Retirement.....		232.37
Sales:		
Travel, Transportation and Office Expenses.....	\$124.12	
Food.....	538.83	
Clothing and Materials.....	47.97	
Furnishings and Household Supplies.....	65.13	
Medical and General Care.....	24.00	
Heat, Light and Power.....	94.13	
Farm:		
Hay.....	75.00	
Repairs, Ordinary.....	27.56	
Repairs and Renewals.....	40.90	
		1,037.64
Miscellaneous:		
Interest on bank balances.....	\$546.67	
Rent.....	13.80	
		560.47
<b>TOTAL INCOME.....</b>		<b>\$87,513.44</b>

## MAINTENANCE

Balance from previous year, brought forward.....	\$3,838.86
Appropriations, current year.....	775,620.00
<b>TOTAL.....</b>	<b>\$779,458.86</b>
Expenses (as analyzed below).....	751,724.52
<b>Balance.....</b>	<b>\$27,734.34</b>

## Analysis of Expenses

Personal Services.....	\$358,058.54
Religious Instruction.....	2,079.98
Travel, Transportation and Office Expenses.....	6,108.09
Food.....	184,200.46
Clothing and Materials.....	29,812.79
Furnishings and Household Supplies.....	45,612.87
Medical and General Care.....	25,355.74
Heat, Light and Power.....	53,184.95
Farm.....	5,998.28
Garage, Stable and Grounds.....	5,999.49
Repairs, Ordinary.....	15,366.58
Repairs and Renewals.....	19,946.75
<b>Total Expenses for Maintenance.....</b>	<b>\$751,724.52</b>

## SPECIAL APPROPRIATIONS

Balance December 1, 1924.....	\$6,027.91
Appropriations for current year.....	18,000.00
<b>Total.....</b>	<b>\$24,027.91</b>
Expended during the year (see statement below).....	\$4,565.19
Reverting to Treasury of Commonwealth.....	42.04
<b>Balance November 30, 1925, carried to next year.....</b>	<b>\$19,420.68</b>

OBJECT	Act or Resolve	Whole Amount	Expended During Fiscal Year	Total Expended to Date	Balance at End of Year
Dining Room, East Group.....	211-1919 629-1920	\$152,000.00	-	\$150,579.32	\$1,420.68
Superintendent's House.....	123-1923	15,000.00	\$206.29	14,999.06	.94*
Additional Fire Protection.....	510-1924	4,400.00	4,358.90	4,358.90	41.10*
Fire Protection, 1925.....	347-1925	18,000.00	-	-	18,000.00
		\$189,400.00	\$4,565.19	\$169,937.28	\$19,462.72

Balance reverting to Treasury of the Commonwealth during year (mark item with *).....	\$42.04*
Balance carried to next year.....	19,420.68

Total, as above.....\$19,462.72



TABLE 3. *Movement of Population for the Year Ending September 30, 1925.*

	INSANE			TEMPORARY CARE			TOTAL		
	M.	F.	T.	M.	F.	T.	M.	F.	T.
Patients on books at beginning of institution year..	1,017	1,416	2,433	5	5	10	1,022	1,421	2,443
Admissions during the year:									
First admissions (including 1 female committed from temporary care of preceding year).....	189	239	428	16	31	47	205	270	475
Readmissions (including 1 male committed from temporary care of preceding year).....	29	55	84	23	17	40	52	72	124
Transferred from other institutions for mental diseases.....	16	18	34	0	0	0	16	18	34
Total received during the year.....	234	312	546	39	48	87	273	360	633
Total under treatment during the year.....	1,251	1,728	2,979	44	53	97	1,295	1,781	3,076
Discharged from books during the year:									
As recovered.....	40	45	85	4	7	11	44	52	96
As improved.....	67	68	135	10	1	11	77	69	146
As unimproved.....	7	25	32	9	22	31	16	47	63
As without psychosis.....	4	6	10	6	8	14	10	14	24
Transferred to other institutions for mental diseases.....	7	9	16	0	0	0	7	9	16
Died during the year.....	117	141	258	2	5	7	119	146	265
Committed from temporary care.....	0	0	0	1	1	2	1	1	2
Total discharged and died.....	242	294	536	32	44	76	274	338	612
Patients remaining on books at end of institution year.....	1,009	1,434	2,443	12	9	21	1,021	1,443	2,464



TABLE 4. *Nativity of First Admissions and of Parents of First Admissions for the Year Ending September 30, 1925.*

NATIVITY	PATIENTS			PARENTS OF MALE PATIENTS			PARENTS OF FEMALE PATIENTS		
	M.	F.	T.	Fathers	Mothers	Both Parents	Fathers	Mothers	Both Parents
United States.....	105	101	206	38	33	30	38	41	36
Africa.....	—	—	—	—	—	—	—	—	—
Asia <sup>1</sup> .....	—	—	—	—	—	—	—	—	—
Australia.....	—	—	—	—	—	—	—	—	—
Austria.....	—	—	—	—	—	—	1	0	0
Belgium.....	—	—	—	—	—	—	—	—	—
Canada <sup>2</sup> .....	15	26	41	9	14	8	15	18	13
Central America.....	—	—	—	—	—	—	—	—	—
China.....	1	0	1	1	1	1	—	—	—
Czecho-Slovakia.....	—	—	—	—	—	—	—	—	—
Cuba.....	—	—	—	—	—	—	—	—	—
Denmark.....	—	—	—	—	—	—	—	—	—
England.....	7	8	15	12	10	9	11	9	6
Europe <sup>1</sup> .....	—	—	—	—	—	—	—	—	—
Finland.....	—	—	—	—	—	—	—	—	—
France.....	0	1	1	1	1	0	1	2	0
Germany.....	5	0	5	5	3	3	4	3	3
Greece.....	1	0	1	1	1	1	—	—	—
Holland.....	1	1	2	1	1	1	—	—	—
Hungary.....	—	—	—	—	—	—	—	—	—
India.....	—	—	—	—	—	—	—	—	—
Ireland.....	30	64	94	63	63	62	82	80	75
Italy.....	9	12	21	15	15	15	16	16	16
Japan.....	—	—	—	—	—	—	—	—	—
Jugo-Slavia.....	—	—	—	—	—	—	—	—	—
Mexico.....	—	—	—	—	—	—	—	—	—
Norway.....	—	—	—	—	—	—	—	—	—
Philippine Islands.....	—	—	—	—	—	—	—	—	—
Poland.....	2	1	3	1	1	1	2	2	2
Porto Rico.....	—	—	—	—	—	—	—	—	—
Portugal.....	2	0	2	1	1	1	—	—	—
Roumania.....	—	—	—	—	—	—	—	—	—
Russia.....	8	15	23	13	13	13	19	18	18
Scotland.....	1	1	2	2	4	2	2	2	2
South America.....	—	—	—	—	—	—	—	—	—
Spain.....	—	—	—	—	—	—	—	—	—
Sweden.....	2	6	8	3	3	3	4	4	4
Switzerland.....	0	1	1	—	—	—	0	1	0
Turkey in Asia.....	0	1	1	—	—	—	1	1	1
Turkey in Europe.....	—	—	—	—	—	—	—	—	—
Wales.....	—	—	—	—	—	—	—	—	—
West Indies <sup>3</sup> .....	0	1	1	—	—	—	1	0	0
Other countries.....	—	—	—	—	—	—	—	—	—
Unascertained.....	—	—	—	23	25	21	42	42	39
Total.....	189	239	428	189	189	171	239	239	216

<sup>1</sup> Not otherwise specified.<sup>2</sup> Includes Newfoundland.<sup>3</sup> Except Cuba and Porto Rico.

TABLE 4-A. Age of First Admissions Classified with Reference to Nativity, and Length of Residence in the United States of the Foreign Born, for the Year Ending September 30, 1925.

Age Groups	Aggregate						NATIVE BORN												FOREIGN BORN												Nativity unascertained													
	Total						PARENTAGE						Total						TIME IN UNITED STATES BEFORE ADMISSION						Unascertained																			
							Native			Foreign									Mixed			Unascertained											Under 5 years			5-9 years			10-14 years			15 years and over		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.											
Under 15 years.....	1	1	2	1	1	2	0	1	1	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0											
15-19 years.....	4	4	8	3	4	7	1	1	2	1	0	1	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0											
20-24 years.....	14	13	27	10	23	33	4	3	7	8	7	15	9	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0											
25-29 years.....	10	10	20	9	16	25	4	2	6	5	4	9	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0											
30-34 years.....	16	13	29	11	5	16	4	1	5	6	2	8	1	2	3	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0											
35-39 years.....	10	19	29	5	6	11	1	3	4	2	2	4	2	1	3	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0											
40-44 years.....	13	12	25	9	4	13	2	1	3	1	2	3	0	3	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0											
45-49 years.....	16	24	40	5	12	17	1	2	3	3	7	10	0	1	1	2	3	1	1	2	3	11	12	23	4	8	12	4	12	16	18	15	10											
50-54 years.....	14	25	39	7	8	15	2	3	5	4	5	9	0	0	0	0	1	1	4	10	17	17	24	10	18	15	13	18	7	8	15	3	6											
55-59 years.....	22	13	35	12	5	17	2	3	5	5	5	1	6	2	0	2	1	1	4	10	8	17	15	2	13	15	8	13	18	1	3	4	6											
60-64 years.....	20	24	44	10	10	20	3	1	4	4	6	10	2	0	2	1	3	4	10	14	24	10	18	2	13	15	8	10	18	2	4	6	6											
65-69 years.....	15	21	36	5	9	14	1	4	5	4	1	5	0	1	1	0	3	3	10	12	22	0	1	1	8	16	8	10	18	2	4	6	5											
70 years and over.....	34	60	94	15	21	36	4	8	12	4	3	7	0	0	0	0	7	10	17	19	32	19	12	22	10	18	16	24	40	2	15	17	1											
Unascertained.....	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—											
Total.....	189	239	428	105	101	206	30	32	62	48	40	88	11	8	19	16	21	37	84	138	222	0	2	2	0	0	0	8	9	17	63	98	161	13	29	42								

TABLE 5. *Citizenship of First Admissions for the Year Ending September 30, 1925.*

	M.	F.	T.
Citizens by birth.....	105	101	206
Citizens by naturalization.....	46	31	77
Aliens.....	21	59	80
Citizenship unascertained.....	17	48	65
Total.....	189	239	428

TABLE 6. *Psychoses of First Admissions for the Year Ending September 30, 1925.*

PSYCHOSES	M.	F.	T.	M.	F.	T.
1. Traumatic psychoses.....				4	0	4
2. Senile psychoses, total.....				18	63	81
Simple deterioration.....	11	30	41			
Depressed and agitated types.....	5	18	23			
Delirious and confused types.....	1	0	1			
Paranoid types.....	1	14	15			
Others.....	0	1	1			
3. Psychoses with cerebral arteriosclerosis.....				45	45	90
4. General paralysis.....				21	6	27
5. Psychoses with cerebral syphilis.....				1	2	3
6. Psychoses with Huntington's chorea.....				0	0	0
7. Psychoses with brain tumor.....				0	1	1
8. Psychoses with other brain or nervous diseases, total.....				14	3	17
Cerebral embolism.....	2	0	2			
Paralysis agitans.....	2	1	3			
Meningitis, tubercular or other forms.....	1	0	1			
Multiple sclerosis.....	0	0	0			
Tabes dorsalis.....	2	0	2			
Acute chorea.....	0	1	1			
Other diseases.....	7	1	8			
9. Alcoholic psychoses, total.....				19	4	23
Delirium tremens.....	0	0	0			
Korsakow's psychosis.....	3	1	4			
Acute hallucinosis.....	4	1	5			
Other types, acute or chronic.....	12	2	14			
10. Psychoses due to drugs and other exogenous toxins, total.....				0	0	0
11. Psychoses with pellagra.....				0	0	0
12. Psychoses with other somatic diseases, total.....				4	3	7
Cardio-renal diseases.....	3	2	5			
Diseases of the ductless glands.....	0	1	1			
Other diseases or conditions.....	1	0	1			
13. Manic-depressive psychoses, total.....				22	42	64
Manic type.....	6	7	13			
Depressive type.....	12	24	36			
Other types.....	4	11	15			
14. Involution melancholia.....				2	6	8
15. Dementia praecox, total.....				18	20	38
Paranoid type.....	7	8	15			
Catatonic type.....	1	3	4			
Hebephrenic type.....	6	4	10			
Other types.....	4	5	9			
16. Paranoia and paranoid conditions.....				2	17	19
17. Epileptic psychoses.....				1	0	1
18. Psychoneuroses and neuroses, total.....				1	2	3
Hysterical type.....	0	1	1			
Neurasthenic type.....	1	1	2			
19. Psychoses with psychopathic personality.....				2	3	5
20. Psychoses with mental deficiency.....				7	8	15
21. Undiagnosed psychoses.....				4	13	17
22. Without psychosis, total.....				4	1	5
Psychopathic personality without psychosis.....	2	1	3			
Mental deficiency without psychosis.....	2	0	2			
Total.....				189	239	428



TABLE 7. *Race of First Admissions Classified with Reference to Principal Psychoses, for the Year Ending September 30, 1925.*

RACE	Total			Traumatic			Senile			With cerebral arterio-sclerosis			General paralysis			With cerebral syphilis		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
African (black)....	6	10	16	-	-	-	0	1	1	0	4	4	2	0	2	-	-	-
American Indian....	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Armenian.....	0	1	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Bulgarian.....	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Chinese.....	1	0	1	-	-	-	-	-	-	1	0	1	-	-	-	-	-	-
Cuban.....	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Dutch and Flemish..	1	0	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
East Indian.....	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
English.....	10	28	38	-	-	-	2	4	6	3	6	9	2	2	4	-	-	-
Finnish.....	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
French.....	1	2	3	-	-	-	-	-	-	1	0	1	-	-	-	-	-	-
German.....	5	3	8	-	-	-	-	-	-	1	1	2	2	0	2	-	-	-
Greek.....	1	0	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Hebrew.....	14	21	35	1	0	1	0	5	5	2	2	4	3	0	3	0	1	1
Irish.....	66	96	162	2	0	2	8	23	31	15	17	32	3	3	6	0	1	1
Italian <sup>1</sup> .....	15	16	31	-	-	-	1	0	1	1	3	4	4	0	4	-	-	-
Japanese.....	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Lithuanian.....	1	1	2	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Magyar.....	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Mexican.....	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Pacific Islander....	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Portuguese.....	1	0	1	-	-	-	-	-	-	1	0	1	-	-	-	-	-	-
Roumanian.....	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Scandinavian <sup>2</sup> .....	3	7	10	-	-	-	1	3	4	-	-	-	0	1	1	-	-	-
Scotch.....	2	5	7	-	-	-	0	1	1	0	1	1	-	-	-	-	-	-
Slavonic <sup>3</sup> .....	2	0	2	-	-	-	-	-	-	2	0	2	-	-	-	-	-	-
Spanish.....	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Spanish-American..	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Syrian.....	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Turkish.....	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Welsh.....	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
West Indian <sup>4</sup> .....	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Other specific races.	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Mixed.....	57	16	73	1	0	1	6	9	15	17	1	18	4	0	4	-	-	-
Race unascertained.	3	33	36	-	-	-	0	17	17	1	10	11	1	0	1	1	0	1
TOTAL.....	189	239	428	4	0	4	18	63	81	45	45	90	21	6	27	1	2	3

<sup>1</sup> Includes "North" and "South."<sup>2</sup> Norwegians, Danes and Swedes.<sup>3</sup> Includes Bohemian, Bosnian, Croatian, Delmatian, Herzegovinian, Montenegrin, Moravian, Polish, Russian, Ruthenian, Servian, Slovak, Slovenian.<sup>4</sup> Except Cuban.

TABLE 7. *Race of First Admissions Classified with Reference to Principal Psychoses, for the Year Ending September 30, 1925 — Continued.*

RACE	With Huntington's chorea			With brain tumor			With other brain or nervous diseases			Alcoholic			Due to drugs and other exogenous toxins			With pellagra		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
African (black) . . .	-	-	-	-	-	-	1	0	1	1	0	1	-	-	-	-	-	-
American Indian . . .	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Armenian . . . . .	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Bulgarian . . . . .	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Chinese . . . . .	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Cuban . . . . .	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Dutch and Flemish . .	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
East Indian . . . . .	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
English . . . . .	-	-	-	-	-	-	1	1	2	-	-	-	-	-	-	-	-	-
Finnish . . . . .	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
French . . . . .	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
German . . . . .	-	-	-	-	-	-	1	0	1	-	-	-	-	-	-	-	-	-
Greek . . . . .	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Hebrew . . . . .	-	-	-	-	-	-	2	0	2	-	-	-	-	-	-	-	-	-
Irish . . . . .	-	-	-	0	1	1	2	0	2	13	2	15	-	-	-	-	-	-
Italian <sup>1</sup> . . . . .	-	-	-	-	-	-	2	0	2	-	-	-	-	-	-	-	-	-
Japanese . . . . .	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Lithuanian . . . . .	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Magyar . . . . .	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Mexican . . . . .	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Pacific Islander . . . .	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Portuguese . . . . .	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Roumanian . . . . .	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Scandinavian <sup>2</sup> . . . .	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Scotch . . . . .	-	-	-	-	-	-	-	-	-	1	0	1	-	-	-	-	-	-
Slavonic <sup>3</sup> . . . . .	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Spanish . . . . .	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Spanish-American . . .	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Syrian . . . . .	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Turkish . . . . .	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Welsh . . . . .	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
West Indian <sup>4</sup> . . . .	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Other specific races . .	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Mixed . . . . .	-	-	-	-	-	-	5	0	5	4	1	5	-	-	-	-	-	-
Race unascertained . .	-	-	-	-	-	-	0	2	2	0	1	1	-	-	-	-	-	-
TOTAL . . . . .	0	0	0	0	1	1	14	3	17	19	4	23	0	0	0	0	0	0

<sup>1</sup> Includes "North" and "South."<sup>2</sup> Norwegians, Danes and Swedes.<sup>3</sup> Includes Bohemian, Bosnian, Croatian, Delmatian, Herzegovinian, Montenegrin, Moravian, Polish, Russian, Ruthenian, Servian, Slovak, Slovenian.<sup>4</sup> Except Cuban.

TABLE 7. *Race of First Admissions Classified with Reference to Principal Psychoses, for the Year Ending September 30, 1925 — Continued.*

RACE	With other somatic diseases			Manic- depressive			Involution melan- cholia			Dementia praecox			Paranoia and paranoid conditions			Epileptic psychoses		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
African (black) . . . .	-	-	-	2	3	5	-	-	-	-	-	-	-	-	-	-	-	-
American Indian . . . .	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Armenian . . . . .	-	-	-	-	-	-	-	-	-	-	-	-	0	1	1	-	-	-
Bulgarian . . . . .	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Chinese . . . . .	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Cuban . . . . .	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Dutch and Flemish . . . .	-	-	-	1	0	1	-	-	-	-	-	-	-	-	-	-	-	-
East Indian . . . . .	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
English . . . . .	1	0	1	1	5	6	-	-	-	0	4	4	0	4	4	-	-	-
Finnish . . . . .	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
French . . . . .	0	1	1	-	-	-	-	-	-	-	-	-	0	1	1	-	-	-
German . . . . .	-	-	-	1	1	2	-	-	-	-	-	-	-	-	-	-	-	-
Greek . . . . .	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Hebrew . . . . .	-	-	-	3	4	7	0	1	1	1	3	4	-	-	-	-	-	-
Irish . . . . .	1	2	3	5	14	19	0	5	5	9	9	18	2	9	11	1	0	1
Italian <sup>1</sup> . . . . .	-	-	-	2	7	9	-	-	-	2	3	5	-	-	-	-	-	-
Japanese . . . . .	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Lithuanian . . . . .	-	-	-	0	1	1	-	-	-	-	-	-	-	-	-	-	-	-
Magyar . . . . .	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Mexican . . . . .	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Pacific Islander . . . . .	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Portuguese . . . . .	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Roumanian . . . . .	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Scandinavian <sup>2</sup> . . . . .	-	-	-	-	-	-	-	-	-	1	0	1	0	1	1	-	-	-
Scotch . . . . .	1	0	1	0	3	3	-	-	-	-	-	-	-	-	-	-	-	-
Slavonic <sup>3</sup> . . . . .	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Spanish . . . . .	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Spanish-American . . . . .	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Syrian . . . . .	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Turkish . . . . .	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Welsh . . . . .	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
West Indian <sup>4</sup> . . . . .	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Other specific races . . . .	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Mixed . . . . .	1	0	1	7	2	9	2	0	2	5	1	6	-	-	-	-	-	-
Race unascertained . . . .	-	-	-	0	2	2	-	-	-	-	-	-	0	1	1	-	-	-
TOTAL . . . . .	4	3	7	22	42	64	2	6	8	18	20	38	2	17	19	1	0	1

<sup>1</sup> Includes "North" and "South."<sup>2</sup> Norwegians, Danes and Swedes.<sup>3</sup> Includes Bohemian, Bosnian, Croatian, Delmatian, Herzegovinian, Montenegrin, Moravian, Polish, Russian, Ruthenian, Servian, Slovak, Slovenian.<sup>4</sup> Except Cuban.



TABLE 7. *Race of First Admissions Classified with Reference to Principal Psychoses, for the Year Ending September 30, 1925 — Concluded.*

RACE	Psycho-neuroses and neuroses			With psychopathic personality			With mental deficiency			Un-diagnosed psychoses			Without psychosis		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
African (black).....	-	-	-	-	-	-	-	-	-	0	2	2	-	-	-
American Indian.....	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Armenian.....	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Bulgarian.....	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Chinese.....	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Cuban.....	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Dutch and Flemish.....	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
East Indian.....	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
English.....	-	-	-	0	1	1	-	-	-	-	-	-	0	1	1
Finnish.....	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
French.....	-	-	-	-	-	-	0	1	1	-	-	-	-	-	-
German.....	-	-	-	1	0	1	-	-	-	-	-	-	-	-	-
Greek.....	-	-	-	-	-	-	1	3	4	0	1	1	1	0	1
Hebrew.....	0	1	1	0	1	1	2	2	4	1	6	7	1	0	1
Irish.....	1	1	2	1	0	1	1	1	2	1	2	3	-	-	-
Italian <sup>1</sup> .....	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Japanese.....	-	-	-	-	-	-	-	-	-	1	0	1	-	-	-
Lithuanian.....	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Magyar.....	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Mexican.....	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Pacific Islander.....	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Portuguese.....	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Roumanian.....	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Scandinavian <sup>2</sup> .....	-	-	-	0	1	1	-	-	-	1	1	2	-	-	-
Scotch.....	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Slavonic <sup>3</sup> .....	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Spanish.....	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Spanish-American.....	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Syrian.....	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Turkish.....	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Welsh.....	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
West Indian <sup>4</sup> .....	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Other specific races.....	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Mixed.....	-	-	-	-	-	-	3	1	4	0	1	1	2	0	2
Race unascertained.....	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
TOTAL.....	1	2	3	2	3	5	7	8	15	4	13	17	4	1	5

<sup>1</sup> Includes "North" and "South."<sup>2</sup> Norwegians, Danes and Swedes.<sup>3</sup> Includes Bohemian, Bosnian, Croatian, Dalmatian, Herzegovinian, Montenegrin, Moravian, Polish, Russian, Ruthenian, Servian, Slovak, Slovenian.<sup>4</sup> Except Cuban.

TABLE 8. *Age of First Admissions Classified with Reference to Principal Psychoses, for the Year Ending September 30, 1925.*

PSYCHOSES	Total			Under 15 years			15-19 years			20-24 years			25-29 years		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
1. Traumatic.....	4	0	4	-	-	-	-	-	-	-	-	-	-	-	-
2. Senile.....	18	63	81	-	-	-	-	-	-	-	-	-	-	-	-
3. With cerebral arteriosclerosis.....	45	45	90	-	-	-	-	-	-	-	-	-	-	-	-
4. General paralysis.....	21	6	27	-	-	-	-	-	-	-	-	-	-	-	-
5. With cerebral syphilis.....	1	2	3	-	-	-	-	-	-	-	-	-	-	-	-
6. With Huntington's chorea.....	0	0	0	-	-	-	-	-	-	-	-	-	-	-	-
7. With brain tumor.....	0	1	1	-	-	-	-	-	-	-	-	-	-	-	-
8. With other brain or nervous diseases.....	14	3	17	1	0	1	-	-	-	-	-	-	-	-	-
9. Alcoholic.....	19	4	23	-	-	-	-	-	-	-	-	-	-	-	-
10. Due to drugs and other exogenous toxins.....	0	0	0	-	-	-	-	-	-	-	-	-	-	-	-
11. With pellagra.....	0	0	0	-	-	-	-	-	-	-	-	-	-	-	-
12. With other somatic diseases.....	4	3	7	-	-	-	-	-	-	-	-	-	-	-	-
13. Manic-depressive.....	22	42	64	-	-	-	2	2	4	3	5	8	3	7	10
14. Involution melancholia.....	2	6	8	-	-	-	-	-	-	-	-	-	-	-	-
15. Dementia praecox.....	18	20	38	-	-	-	0	1	1	6	4	10	3	2	5
16. Paranoia or paranoid conditions.....	2	17	19	-	-	-	-	-	-	-	-	-	1	0	1
17. Epileptic psychoses.....	1	0	1	-	-	-	-	-	-	-	-	-	-	-	-
18. Psychoneuroses and neuroses.....	1	2	3	-	-	-	0	1	1	-	-	-	-	-	-
19. With psychopathic personality.....	2	3	5	-	-	-	-	-	-	-	-	-	-	-	-
20. With mental deficiency.....	7	8	15	-	-	-	1	0	1	3	2	5	3	1	4
21. Undiagnosed psychoses.....	4	13	17	0	1	1	-	-	-	1	2	3	-	-	-
22. Without psychosis.....	4	1	5	-	-	-	1	0	1	1	0	1	-	-	-
TOTAL.....	189	239	428	1	1	2	4	4	8	14	13	27	10	10	20

TABLE 8. *Age of First Admissions Classified with Reference to Principal Psychoses, for the Year Ending September 30, 1925 — Continued.*

PSYCHOSES	30-34 years			35-39 years			40-44 years			45-49 years			50-54 years		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
1. Traumatic.....	1	0	1	-	-	-	-	-	-	1	0	1	2	0	2
2. Senile.....	-	-	-	-	-	-	-	-	-	0	1	1	0	1	1
3. With cerebral arteriosclerosis.....	-	-	-	0	1	1	1	0	1	1	2	3	2	2	4
4. General paralysis.....	3	0	3	2	1	3	2	1	3	3	1	4	4	1	5
5. With cerebral syphilis.....	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
6. With Huntington's chorea.....	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
7. With brain tumor.....	-	-	-	-	-	-	-	-	-	0	1	1	-	-	-
8. With other brain or nervous diseases.....	1	0	1	-	-	-	2	0	2	3	0	3	-	-	-
9. Alcoholic.....	1	1	2	2	0	2	3	1	4	1	0	1	6	2	8
10. Due to drugs and other exogenous toxins.....	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
11. With pellagra.....	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
12. With other somatic diseases.....	1	0	1	-	-	-	-	-	-	0	1	1	0	1	1
13. Manic-depressive.....	3	6	9	2	6	8	1	2	3	4	5	9	0	7	7
14. Involution melancholia.....	-	-	-	-	-	-	-	-	-	0	4	4	0	2	2
15. Dementia praecox.....	5	4	9	4	6	10	0	1	1	0	2	2	-	-	-
16. Paranoia or paranoid conditions.....	-	-	-	0	2	2	0	4	4	1	2	3	0	6	6
17. Epileptic psychoses.....	-	-	-	-	-	-	1	0	1	-	-	-	-	-	-
18. Psychoneuroses and neuroses.....	-	-	-	0	1	1	-	-	-	-	-	-	-	-	-
19. With psychopathic personality.....	-	-	-	-	-	-	1	1	2	1	0	1	0	1	1
20. With mental deficiency.....	0	2	2	0	1	1	0	1	1	0	1	1	-	-	-
21. Undiagnosed psychoses.....	1	0	1	0	1	1	0	1	1	1	3	4	0	2	2
22. Without psychosis.....	-	-	-	-	-	-	2	0	2	0	1	1	-	-	-
TOTAL.....	16	13	29	10	19	29	13	12	25	16	24	40	14	25	39

TABLE 8. *Age of First Admissions Classified with Reference to Principal Psychoses, for the Year Ending September 30, 1925 — Concluded.*

PSYCHOSES	55-59 years			60-64 years			65-69 years			70 years and over			Unascertained		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
1. Traumatic.....	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
2. Senile.....	1	0	1	2	13	15	3	11	14	12	37	49	-	-	-
3. With cerebral arteriosclerosis.....	5	8	13	7	6	13	10	6	16	19	20	39	-	-	-
4. General paralysis.....	1	1	2	4	0	4	1	0	1	1	1	2	-	-	-
5. With cerebral syphilis.....	1	0	1	0	1	1	-	-	-	0	1	1	-	-	-
6. With Huntington's chorea.....	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
7. With brain tumor.....	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
8. With other brain or nervous diseases.....	3	1	4	2	0	2	1	1	2	1	1	2	-	-	-
9. Alcoholic.....	3	0	3	3	0	3	-	-	-	-	-	-	-	-	-
10. Due to drugs and other exogenous toxins.....	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
11. With pellagra.....	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
12. With other somatic diseases.....	1	0	1	1	0	1	0	1	1	1	0	1	-	-	-
13. Manic-depressive.....	3	1	4	1	0	1	0	1	1	-	-	-	-	-	-
14. Involution melancholia.....	2	0	2	-	-	-	-	-	-	-	-	-	-	-	-
15. Dementia praecox.....	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
16. Paranoia or paranoid conditions.....	0	1	1	0	2	2	-	-	-	-	-	-	-	-	-
17. Epileptic psychoses.....	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
18. Psychoneuroses and neuroses.....	1	0	1	-	-	-	-	-	-	-	-	-	-	-	-
19. With psychopathic personality.....	-	-	-	-	-	-	0	1	1	-	-	-	-	-	-
20. With mental deficiency.....	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
21. Undiagnosed psychoses.....	1	1	2	0	2	2	-	-	-	-	-	-	-	-	-
22. Without psychosis.....	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
TOTAL.....	22	13	35	20	24	44	15	21	36	34	60	94	0	0	0



TABLE 9. *Degree of Education of First Admissions Classified with Reference to Principal Psychoses, for the Year Ending September 30, 1925.*

PSYCHOSES	Total			Illiterate			Reads and Writes <sup>1</sup>			Common School			High School			College			Unascertained			
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	
1. Traumatic.....	4	0	4	1	9	10	1	8	10	3	0	3	1	0	1	1	1	0	1	1	20	21
2. Senile.....	18	63	81	1	9	10	1	5	15	37	24	47	0	2	2	1	2	0	2	6	8	
3. With cerebral arteriosclerosis.....	45	45	90	2	0	2	3	0	3	13	5	18	2	0	2	1	1	0	2	1	1	
4. General paralysis.....	21	6	27	0	1	1	1	1	1	1	1	2	1	1	1	1	1	1	1	1	2	
5. With cerebral syphilis.....	0	0	0	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	
6. With Huntington's chorea.....	0	1	1	1	1	2	1	0	1	11	2	13	1	0	1	1	0	1	1	0	1	
7. With brain tumor.....	14	3	17	1	1	1	3	0	3	14	3	17	1	0	1	1	1	0	1	0	1	
8. With other brain or nervous diseases.....	19	4	23	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	
9. Alcoholic.....	0	0	0	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	
10. Due to drugs and other exogenous toxins.....	0	0	0	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	
11. With pellagra.....	4	3	7	1	7	8	1	4	1	17	2	19	3	3	6	1	0	1	1	1	1	
12. With other somatic diseases.....	22	42	64	1	1	1	0	4	1	27	4	31	3	4	7	1	0	1	1	1	2	
13. Manic-depressive.....	2	6	8	0	1	1	0	1	1	2	4	6	3	4	7	1	0	1	1	1	1	
14. Involution melancholia.....	18	20	38	0	1	1	0	2	2	14	14	28	0	1	1	1	0	1	1	1	1	
15. Dementia praecox.....	2	17	19	0	2	2	0	2	2	12	14	26	0	1	1	1	0	1	1	1	1	
16. Paranoia or paranoid conditions.....	1	0	1	0	1	1	1	1	1	1	1	2	1	1	1	1	0	1	1	1	1	
17. Epileptic psychoses.....	1	2	3	0	1	1	1	1	1	1	1	2	1	1	1	1	1	1	1	1	1	
18. Psychoneuroses and neuroses.....	2	3	5	1	1	1	1	0	1	5	5	10	1	2	2	0	1	1	1	1	1	
19. With psychopathic personality.....	7	8	15	1	1	1	1	1	1	5	7	12	1	1	1	0	1	1	1	1	1	
20. With mental deficiency.....	4	13	17	1	1	1	1	1	1	1	1	2	1	1	1	1	0	1	1	0	3	
21. Undiagnosed psychoses.....	4	1	5	1	1	1	1	1	1	1	1	1	1	1	1	1	1	0	1	0	3	
22. Without psychosis.....	189	239	428	9	34	43	23	24	47	127	132	259	17	15	32	8	1	9	5	33	38	
TOTAL.....	189	239	428	9	34	43	23	24	47	127	132	259	17	15	32	8	1	9	5	33	38	

<sup>1</sup> Includes those who did not complete fourth grade in school.

TABLE 10. *Environment of First Admissions Classified with Reference to Principal Psychoses, for the Year Ending September 30, 1925.*

PSYCHOSES	Total			Urban			Rural			Unascertained		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
1. Traumatic.....	4	0	4	4	0	4	-	-	-	-	-	-
2. Senile.....	18	63	81	18	63	81	-	-	-	-	-	-
3. With cerebral arteriosclerosis.....	45	45	90	45	45	90	-	-	-	-	-	-
4. General paralysis.....	21	6	27	21	6	27	-	-	-	-	-	-
5. With cerebral syphilis.....	1	2	3	1	2	3	-	-	-	-	-	-
6. With Huntington's chorea.....	0	0	0	0	0	0	-	-	-	-	-	-
7. With brain tumor.....	0	1	1	0	1	1	-	-	-	-	-	-
8. With other brain or nervous diseases.....	14	3	17	14	3	17	-	-	-	-	-	-
9. Alcoholic.....	19	4	23	19	4	23	-	-	-	-	-	-
10. Due to drugs and other exogenous toxins.....	0	0	0	0	0	0	-	-	-	-	-	-
11. With pellagra.....	0	0	0	0	0	0	-	-	-	-	-	-
12. With other somatic diseases.....	4	3	7	4	3	7	-	-	-	-	-	-
13. Manic-depressive.....	22	42	64	22	42	64	-	-	-	-	-	-
14. Involution melancholia.....	2	6	8	2	6	8	-	-	-	-	-	-
15. Dementia praecox.....	18	20	38	18	20	38	-	-	-	-	-	-
16. Paranoia or paranoid conditions.....	2	17	19	2	17	19	-	-	-	-	-	-
17. Epileptic psychoses.....	1	0	1	1	0	1	-	-	-	-	-	-
18. Psychoneuroses and neuroses.....	1	2	3	1	2	3	-	-	-	-	-	-
19. With psychopathic personality.....	2	3	5	2	3	5	-	-	-	-	-	-
20. With mental deficiency.....	7	8	15	7	8	15	-	-	-	-	-	-
21. Undiagnosed psychoses.....	4	13	17	4	13	17	-	-	-	-	-	-
22. Without psychosis.....	4	1	5	4	1	5	-	-	-	-	-	-
TOTAL.....	189	239	428	189	239	428	-	-	-	-	-	-

TABLE 11. *Economic Condition of First Admissions Classified with Reference to Principal Psychoses, for the Year Ending September 30, 1925.*

PSYCHOSES	Total			Dependent			Marginal			Comfortable			Unascertained		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
1. Traumatic.....	4	0	4	-	-	-	4	0	4	-	-	-	-	-	-
2. Senile.....	18	63	81	13	31	44	4	11	15	0	2	2	1	19	20
3. With cerebral arteriosclerosis.....	45	45	90	30	17	47	14	15	29	1	0	1	0	13	13
4. General paralysis.....	21	6	27	4	2	6	17	1	18	-	-	-	0	3	3
5. With cerebral syphilis.....	1	2	3	1	1	2	-	-	-	-	-	-	0	1	1
6. With Huntington's chorea.....	0	0	0	-	-	-	-	-	-	-	-	-	0	1	1
7. With brain tumor.....	0	1	1	-	-	-	-	-	-	-	-	-	-	-	-
8. With other brain or nervous diseases.....	14	3	17	11	1	12	3	2	5	-	-	-	-	-	-
9. Alcoholic.....	19	4	23	4	0	4	15	2	17	-	-	-	0	2	2
10. Due to drugs and other exogenous toxins.....	0	0	0	-	-	-	-	-	-	-	-	-	-	-	-
11. With pellagra.....	0	0	0	-	-	-	-	-	-	-	-	-	-	-	-
12. With other somatic diseases.....	4	3	7	1	1	2	2	1	3	1	0	1	0	1	1
13. Manic-depressive.....	22	42	64	3	9	12	18	26	44	1	3	4	0	4	4
14. Involution melancholia.....	2	6	8	1	0	1	0	4	4	1	0	1	0	2	2
15. Dementia praecox.....	18	20	38	2	4	6	16	13	29	0	2	2	0	1	1
16. Paranoia or paranoid conditions.....	2	17	19	0	5	5	2	11	13	0	1	1	-	-	-
17. Epileptic psychoses.....	1	0	1	-	-	-	1	0	1	-	-	-	-	-	-
18. Psychoneuroses and neuroses.....	1	2	3	1	0	1	0	2	2	-	-	-	-	-	-
19. With psychopathic personality.....	2	3	5	0	1	1	2	2	4	-	-	-	-	-	-
20. With mental deficiency.....	7	8	15	0	3	3	7	5	12	-	-	-	-	-	-
21. Undiagnosed psychoses.....	4	13	17	2	3	5	2	5	7	-	-	-	0	5	5
22. Without psychosis.....	4	1	5	1	0	1	3	1	4	-	-	-	-	-	-
TOTAL.....	189	239	428	74	78	152	110	101	211	4	8	12	1	52	53

TABLE 12. *Use of Alcohol by First Admissions Classified with Reference to Principal Psychoses, for the Year Ending September 30, 1925.*

PSYCHOSES	Total			Abstinent			Temperate			Intemperate			Unascertained		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
1. Traumatic.....	4	0	4	-	-	-	3	0	3	1	0	1	-	-	-
2. Senile.....	18	63	81	4	31	35	3	19	22	6	3	9	5	10	15
3. With cerebral arteriosclerosis..	45	45	90	5	17	22	17	13	30	17	7	24	6	8	14
4. General paralysis.....	21	6	27	1	2	3	12	0	12	8	2	10	0	2	2
5. With cerebral syphilis.....	1	2	3	-	-	-	1	1	2	0	1	1	-	-	-
6. With Huntington's chorea.....	0	0	0	-	-	-	-	-	-	-	-	-	-	-	-
7. With brain tumor.....	0	1	1	0	1	1	-	-	-	-	-	-	-	-	-
8. With other brain or nervous diseases.....	14	3	17	5	1	6	5	1	6	3	1	4	1	0	1
9. Alcoholic.....	19	4	23	-	-	-	1	0	1	18	4	22	-	-	-
10. Due to drugs and other exogenous toxins.....	0	0	0	-	-	-	-	-	-	-	-	-	-	-	-
11. With pellagra.....	0	0	0	-	-	-	-	-	-	-	-	-	-	-	-
12. With other somatic diseases..	4	3	7	-	-	-	4	3	7	-	-	-	-	-	-
13. Manic-depressive.....	22	42	64	14	18	32	2	19	21	6	4	10	0	1	1
14. Involution melancholia.....	2	6	8	2	5	7	0	1	1	-	-	-	-	-	-
15. Dementia praecox.....	18	20	38	11	9	20	3	10	13	4	0	4	0	1	1
16. Paranoia or paranoid conditions.....	2	17	19	1	6	7	1	10	11	-	-	-	0	1	1
17. Epileptic psychoses.....	1	0	1	-	-	-	-	-	-	1	0	1	-	-	-
18. Psychoneuroses and neuroses..	1	2	3	0	2	2	1	0	1	-	-	-	-	-	-
19. With psychopathic personality	2	3	5	0	1	1	1	2	3	1	0	1	-	-	-
20. With mental deficiency.....	7	8	15	6	6	12	0	2	2	-	-	-	1	0	1
21. Undiagnosed psychoses.....	4	13	17	2	4	6	1	4	5	1	1	2	0	4	4
22. Without psychosis.....	4	1	5	3	0	3	0	1	1	1	0	1	-	-	-
TOTAL.....	189	239	428	54	103	157	55	86	141	67	23	90	13	27	40



TABLE 13. *Marital Condition of First Admissions Classified with Reference to Principal Psychoses, for the Year Ending September, 30, 1925.*

Psychoses	Total			Single			Married			Widowed			Separated			Divorced			Unascertained		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
1. Traumatic . . . . .	4	0	4	1	0	1	3	0	3	5	35	40	—	—	—	—	—	—	—	—	—
2. Senile . . . . .	18	63	81	4	18	22	9	9	18	14	21	35	—	—	—	—	—	—	—	—	—
3. With cerebral arteriosclerosis . . . . .	45	45	90	9	10	19	20	14	34	17	3	5	—	—	—	—	—	—	—	—	—
4. General paralysis . . . . .	21	6	27	2	0	2	17	3	20	1	1	1	—	—	—	—	—	—	—	—	—
5. With cerebral syphilis . . . . .	1	2	3	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
6. With Huntington's chorea . . . . .	0	0	0	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
7. With brain tumor . . . . .	0	0	0	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
8. With other brain or nervous diseases . . . . .	14	3	17	7	0	7	5	1	6	—	—	—	—	—	—	—	—	—	—	—	—
9. With other brain or nervous diseases . . . . .	19	4	23	6	0	6	11	3	14	1	1	2	—	—	—	—	—	—	—	—	—
10. Due to drugs and other exogenous toxins . . . . .	0	0	0	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
11. With pellagra . . . . .	0	0	0	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
12. With other somatic diseases . . . . .	4	3	7	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
13. Manic-depressive . . . . .	22	42	64	11	14	25	10	24	34	1	4	5	—	—	—	—	—	—	—	—	—
14. Involution melancholia . . . . .	2	6	8	2	4	6	3	4	7	0	1	1	—	—	—	—	—	—	—	—	—
15. Dementia praecox . . . . .	18	20	38	15	13	28	3	9	10	0	0	2	—	—	—	—	—	—	—	—	—
16. Paranoia or paranoid conditions . . . . .	2	17	19	1	6	7	1	0	1	—	—	—	—	—	—	—	—	—	—	—	—
17. Epileptic psychoses . . . . .	1	0	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
18. Pyelonitoses and neuroses . . . . .	1	2	3	1	2	3	1	1	2	—	—	—	—	—	—	—	—	—	—	—	—
19. With psychopathic personality . . . . .	2	3	5	1	2	3	1	1	2	—	—	—	—	—	—	—	—	—	—	—	—
20. With mental deficiency . . . . .	7	8	15	7	5	12	0	7	3	—	—	—	—	—	—	—	—	—	—	—	—
21. Undiagnosed psychoses . . . . .	4	13	17	2	6	8	2	0	9	—	—	—	—	—	—	—	—	—	—	—	—
22. Without psychosis . . . . .	4	1	5	3	1	4	1	0	1	—	—	—	—	—	—	—	—	—	—	—	—
Total . . . . .	189	239	428	73	82	155	88	83	171	23	71	94	2	1	3	3	2	5	0	0	0

TABLE 14. *Psychoses of Readmissions for the Year Ending September 30, 1925.*

PSYCHOSES	M.	F.	T.
1. Traumatic psychoses.....	0	1	1
2. Senile psychoses.....	2	2	4
3. Psychoses with cerebral arteriosclerosis.....	0	2	2
4. General paralysis.....	0	3	3
5. Psychoses with cerebral syphilis.....	2	0	2
6. Psychoses with Huntington's chorea.....	0	0	0
7. Psychoses with brain tumor.....	0	0	0
8. Psychoses with other brain or nervous diseases.....	0	0	0
9. Alcoholic psychoses.....	4	1	5
10. Psychoses due to drugs and other exogenous toxins.....	0	0	0
11. Psychoses with pellagra.....	0	0	0
12. Psychoses with other somatic diseases.....	0	0	0
13. Manic-depressive psychoses.....	6	24	30
14. Involution melancholia.....	0	1	1
15. Dementia praecox.....	12	11	23
16. Paranoia and paranoid conditions.....	1	4	5
17. Epileptic psychoses.....	1	0	1
18. Psychoneuroses and neuroses.....	0	0	0
19. Psychoses with psychopathic personality.....	1	1	2
20. Psychoses with mental deficiency.....	0	3	3
21. Undiagnosed psychoses.....	0	2	2
22. Without psychosis.....	0	0	0
TOTAL.....	29	55	84

TABLE 15. *Discharges of Patients Classified with Reference to Principal Psychoses and Condition on Discharge for the Year Ending September 30, 1925.*

PSYCHOSES	Total			Recovered			Improved			Unimproved			Without Psychosis		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
1. Traumatic.....	0	0	0	-	-	-	-	-	-	-	-	-	-	-	-
2. Senile.....	2	2	4	-	-	-	2	1	3	0	1	1	-	-	-
3. With cerebral arteriosclerosis.....	5	12	17	-	-	-	5	5	10	0	7	7	-	-	-
4. General paralysis.....	4	1	5	-	-	-	4	0	4	0	1	1	-	-	-
5. With cerebral syphilis.....	4	0	4	-	-	-	4	0	4	-	-	-	-	-	-
6. With Huntington's chorea.....	0	1	1	-	-	-	-	-	-	0	1	1	-	-	-
7. With brain tumor.....	0	0	0	-	-	-	-	-	-	-	-	-	-	-	-
8. With other brain or nervous diseases.....	3	1	4	-	-	-	2	0	2	1	1	2	-	-	-
9. Alcoholic.....	27	11	38	14	5	19	12	6	18	1	0	1	-	-	-
10. Due to drugs and other exogenous toxins.....	1	1	2	1	0	1	0	1	1	-	-	-	-	-	-
11. With pellagra.....	0	0	0	-	-	-	-	-	-	-	-	-	-	-	-
12. With other somatic diseases.....	1	6	7	0	3	3	1	3	4	-	-	-	-	-	-
13. Manic-depressive.....	23	58	81	22	34	56	1	22	23	0	2	2	-	-	-
14. Involution melancholia.....	2	3	5	0	1	1	1	2	3	1	0	1	-	-	-
15. Dementia praecox.....	27	15	42	-	-	-	24	12	36	3	3	6	-	-	-
16. Paranoia or paranoid conditions.....	4	11	15	-	-	-	4	6	10	0	5	5	-	-	-
17. Epileptic psychoses.....	2	1	3	-	-	-	1	0	1	1	1	2	-	-	-
18. Psychoneuroses and neuroses.....	1	1	2	1	0	1	0	1	1	-	-	-	-	-	-
19. With psychopathic personality.....	1	2	3	0	1	1	1	1	2	-	-	-	-	-	-
20. With mental deficiency.....	7	7	14	2	0	2	5	5	10	0	2	2	-	-	-
21. Undiagnosed psychoses.....	0	5	5	0	1	1	0	3	3	0	1	1	-	-	-
22. Without psychosis.....	4	6	10	-	-	-	-	-	-	-	-	-	4	6	10
TOTAL.....	118	144	262	40	45	85	67	68	135	7	25	32	4	6	10

TABLE 16. Causes of Death of Patients Classified with Reference to Principal Psychoses,  
for the Year Ending September 30, 1925.

CAUSES OF DEATH	Total			Senile			With cerebral arterio-sclerosis			General paralysis			Alcoholic			Manic-depressive			Involution melancholia		
	Total			Senile			With cerebral arterio-sclerosis			General paralysis			Alcoholic			Manic-depressive			Involution melancholia		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
<i>General Diseases</i>																					
Septicæmia.....	0	1	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Tuberculosis of lungs.....	11	7	18	1	0	1	-	-	-	-	-	-	-	0	1	2	0	2	0	2	2
Other forms of tuberculosis.....	1	0	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Cancer.....	4	3	7	1	3	4	1	0	1	-	-	-	-	-	-	1	0	1	-	-	-
Other general diseases.....	0	1	1	-	-	-	-	-	-	-	-	-	-	-	-	0	1	1	-	-	-
<i>Nervous System</i>																					
Diseases of spinal cord.....	2	0	2	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Apoplexy (cerebral hemorrhage).....	4	6	10	-	-	-	4	3	7	1	1	18	-	-	-	-	-	-	-	-	-
General paralysis of insane.....	13	5	18	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Exhaustion from other mental diseases.....	0	3	3	0	1	1	-	-	-	-	-	-	-	-	-	0	1	1	-	-	-
Brain tumor.....	0	2	2	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
<i>Circulatory System</i>																					
Endocarditis and myocarditis.....	28	22	50	5	11	16	12	7	19	-	-	-	1	0	1	1	2	3	2	0	2
Other diseases of the heart.....	2	1	3	-	-	-	1	0	1	-	-	-	-	-	-	1	0	1	-	-	-
Arteriosclerosis.....	14	17	31	2	5	7	11	8	19	-	-	-	-	-	-	0	1	1	-	-	-
Other diseases of the arteries.....	1	0	1	-	-	-	-	-	-	-	-	-	-	-	-	1	0	1	-	-	-
Other diseases of circulatory system.....	0	1	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
<i>Respiratory System</i>																					
Bronchitis.....	0	1	1	-	-	-	0	1	1	-	-	-	-	-	-	-	-	-	-	-	-
Bronchopneumonia.....	27	45	72	3	18	21	11	9	20	8	6	14	1	2	3	1	0	1	-	1	1
Lobar pneumonia.....	4	8	12	-	-	-	1	0	1	1	0	1	-	-	-	0	1	1	0	1	1
Other diseases of the respiratory system.....	0	3	3	0	1	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
<i>Digestive System</i>																					
Other diseases of the stomach (cancer excepted).....	0	2	2	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Diarrhea and enteritis.....	3	3	6	1	3	4	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Appendicitis and typhlitis.....	0	1	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Other diseases of intestines.....	0	1	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Other diseases of digestive system (cancer and tuberculosis excepted).....	0	1	1	-	-	-	-	-	-	-	-	-	0	1	1	-	-	-	-	-	-
<i>Genito-Urinary System</i>																					
Chronic nephritis.....	1	1	2	-	-	-	1	1	2	-	-	-	-	-	-	-	-	-	-	-	-
Diseases of bladder.....	0	2	2	-	-	-	0	1	1	-	-	-	-	-	-	-	-	-	-	-	-
<i>Diseases of the Skin</i>																					
Gangrene.....	0	1	1	-	-	-	-	-	-	-	-	-	-	-	-	0	1	1	-	-	-
Other diseases of the skin.....	0	1	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
<i>Diseases of Bones and Locomotor System (tuberculosis and rheumatism excepted)</i>																					
Violence.....	0	1	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Accidental traumatism.....	0	1	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Other external violence.....	1	0	1	0	1	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
TOTAL.....	117	141	258	13	43	56	43	31	74	22	12	34	3	3	6	7	7	14	3	3	6



TABLE 16. Causes of Death of Patients Classified with Reference to Principal Psychoses, for the Year Ending September 30, 1925 — Concluded

CAUSES OF DEATH	Dementia praecox			Paranoia or paranoid conditions			Epileptic psychoses			Psycho-neuroses and neuroses			With psychopathic personality			With mental deficiency			All other psychoses <sup>1</sup>		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
<i>General Diseases</i>																					
Septicæmia.....	0	1	1																		
Tuberculosis of lungs.....	6	4	10																		
Other forms of tuberculosis.....	1	0	1																		
Cancer.....	1	0	1																		
Other general diseases.....																					
<i>Nervous System</i>																					
Diseases of spinal cord.....																					
Apoplexy (cerebral hemorrhage).....				0	1	1															
General paralysis of insane.....																					
Exhaustion from other mental diseases.....	0	1	1																		
Brain tumor.....																					
<i>Circulatory System</i>																					
Endocarditis and myocarditis.....	0	1	1	2	0	2										1	0	1	4	1	5
Other diseases of the heart.....				0	1	1													1	1	2
Arteriosclerosis.....	0	1	1		0	1															
Other diseases of the arteries.....																					
Other diseases of circulatory system.....					0	1															
<i>Respiratory System</i>																					
Bronchitis.....																					
Bronchopneumonia.....	0	3	3																		
Lobar pneumonia.....	2	4	6	0	2	2													3	5	8
Other diseases of the respiratory system.....	0	1	1	0	1	1															
<i>Digestive System</i>																					
Other diseases of the stomach (cancer excepted).....	0	1	1																0	1	1
Diarrhea and enteritis.....																			1	0	1
Appendicitis and typhlitis.....	0	1	1																		
Other diseases of intestines.....	0	1	1																		
Other diseases of digestive system (cancer and tuberculosis excepted).....																					
<i>Genito-Urinary System</i>																					
Chronic nephritis.....																					
Diseases of bladder.....																			0	1	1
<i>Diseases of the Skin</i>																					
Gangrene.....																					
Other diseases of the skin.....																					
<i>Diseases of Bones and Locomotor System (tuberculosis and rheumatism excepted)</i>																					
Violence																			0	1	1
Accidental traumatism.....																					
Other external violence.....																			1	0	1
TOTAL.....	10	19	29	2	8	10	0	0	0	0	0	0	0	0	0	2	2	4	12	13	25

<sup>1</sup> Includes group 22 "without psychosis."

TABLE 17. Age of Patients at Time of Death Classified with Reference to Principal Psychoses,  
for the Year Ending September 30, 1925.

PSYCHOSES	Total			Under 15 years			15-19 years			20-24 years			25-29 years			30-34 years			35-39 years			40-44 years		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
1. Traumatic.....	2	1	3	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
2. Senile.....	13	43	56	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
3. With cerebral arteriosclerosis.....	43	31	74	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
4. General paralysis.....	22	12	34	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
5. With cerebral syphilis.....	2	2	4	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
6. With Huntington's chorea.....	0	1	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
7. With brain tumor.....	0	2	2	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
8. With other brain or nervous diseases.....	6	5	11	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
9. Alcoholic.....	3	3	6	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
10. Due to drugs and other exogenous toxins.....	0	0	0	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
11. With pellagra.....	0	0	0	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
12. With other somatic diseases.....	1	0	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
13. Manic-depressive.....	7	7	14	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
14. Involution melancholia.....	3	3	6	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
15. Dementia praecox.....	10	19	29	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
16. Paranoia or paranoid conditions.....	2	8	10	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
17. Epileptic psychoses.....	0	0	0	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
18. Psychoneuroses and neuroses.....	0	0	0	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
19. With psychopathic personality.....	0	0	0	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
20. With mental deficiency.....	2	2	4	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
21. Undiagnosed psychoses.....	1	1	2	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
22. Without psychosis.....	0	1	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Total.....	117	141	258	0	0	0	0	0	0	3	0	3	2	3	5	7	3	10	2	9	11	9	5	14

TABLE 17. Age of Patients at Time of Death Classified with Reference to Principal Psychoses, for the Year Ending September 30, 1925—Concluded.

PSYCHOSES	45-49 years			50-54 years			55-59 years			60-64 years			65-69 years			70 years and over			Unascertained		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
1. Traumatic.	0	1	1	—	—	—	0	—	—	—	0	—	1	4	1	1	9	0	—	—	—
2. Senile.	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
3. With cerebral arteriosclerosis.	1	2	3	2	1	3	5	3	8	—	4	15	0	1	37	17	37	46	—	—	—
4. General paralysis.	3	2	5	3	0	3	4	3	7	1	6	1	1	4	13	1	15	32	—	—	—
5. With cerebral syphilis.	1	0	1	—	—	—	0	1	1	—	0	2	—	2	—	—	0	1	—	—	—
6. With Huntington's chorea.	—	—	—	—	—	—	—	—	—	—	—	—	0	1	1	—	—	—	—	—	—
7. With brain tumor.	0	2	2	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
8. With other brain or nervous diseases.	1	0	1	—	—	—	1	2	3	—	1	1	1	0	1	0	1	1	—	—	—
9. Alcoholic.	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
10. Due to drugs and other exogenous toxins.	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
11. With pellagra.	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
12. With other somatic diseases.	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
13. Manic-depressive.	1	1	2	0	1	1	3	1	4	1	0	1	0	2	2	1	1	2	—	—	—
14. Involution melancholia.	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
15. Dementia praecox.	0	1	1	1	1	2	2	0	3	0	1	1	—	—	—	0	1	1	0	1	1
16. Paranoia or paranoid conditions.	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
17. Epileptic psychoses.	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
18. Psychoneuroses and neuroses.	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
19. With psychopathic personality.	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
20. With mental deficiency.	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
21. Undiagnosed psychoses.	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
22. Without psychosis.	0	1	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
TOTAL.	8	12	20	6	3	9	16	15	31	16	18	34	16	11	27	32	61	93	0	1	1



TABLE 18. *Total Duration of Hospital Life of Patients Dying in Hospital Classified According to Principal Psychoses, for the Year Ending September 30, 1925.*

PSYCHOSES	Total			Less than 1 month			1-3 months			4-7 months			8-12 months			1-2 years			3-4 years			5-6 years		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
1. Traumatic.....	2	1	3	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
2. Senile.....	13	43	56	-	6	6	-	6	10	-	6	-	-	2	1	-	0	13	1	-	-	-	0	-
3. With cerebral arteriosclerosis.....	43	31	74	14	7	21	12	9	21	10	5	14	2	3	3	19	6	7	10	6	7	1	1	-
4. General paralysis.....	22	12	34	4	2	6	2	2	4	-	2	-	2	0	2	3	3	3	13	2	3	-	-	-
5. With cerebral syphilis.....	2	1	3	-	-	-	-	-	-	-	-	-	-	-	-	1	1	1	2	-	-	-	-	-
6. With Huntington's chorea.....	0	2	2	-	-	-	0	1	1	1	1	1	-	-	-	-	-	-	-	-	-	-	-	-
7. With brain tumor.....	0	5	5	3	1	4	2	1	3	0	0	1	-	-	-	1	2	3	-	1	0	-	-	-
8. With other brain or nervous diseases.....	3	3	6	1	1	2	1	0	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
9. Alcoholic.....	0	0	0	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
10. Due to drugs and other exogenous toxins.....	0	0	0	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
11. With pellagra.....	0	0	0	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
12. With other somatic diseases.....	1	1	2	1	1	2	1	0	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
13. Manic-depressive.....	7	7	14	1	1	2	1	1	3	1	0	1	1	1	1	2	1	1	1	1	0	2	0	6
14. Involution melancholia.....	3	19	22	0	1	1	2	1	2	0	1	1	-	-	-	0	5	7	4	3	1	1	0	1
15. Dementia praecox.....	10	8	18	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
16. Paranoia or paranoid conditions.....	0	0	0	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
17. Epileptic psychoses.....	0	0	0	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
18. Psychoneuroses and neuroses.....	0	0	0	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
19. With psychopathic personality.....	0	0	0	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
20. With mental deficiency.....	2	1	3	1	1	2	-	-	-	-	-	-	-	-	-	-	-	0	1	-	-	-	-	-
21. Undiagnosed psychoses.....	1	1	2	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
22. Without psychosis.....	0	1	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
TOTAL.....	117	141	258	24	20	44	24	22	46	13	15	28	5	6	11	26	33	59	11	13	24	0	8	8

TABLE 18. *Total Duration of Hospital Life of Patients Dying in Hospital Classified According to Principal Psychoses, for the Year Ending September 30, 1925—Concluded.*

PSYCHOSES	7-8 years			9-10 years			11-12 years			13-14 years			15-19 years			20 years and over			Unascertained		
	M.		T.	M.		T.	M.		T.	M.		T.	M.		T.	M.		T.	M.		T.
	F.			F.			F.			F.			F.			F.			F.		
1. Traumatic.....	-	-	-	-	-	-	-	-	-	1	0	1	-	-	-	-	-	-	-	-	-
2. Senile.....	-	-	-	-	-	-	0	1	-	-	-	-	-	-	-	-	-	-	-	-	-
3. With cerebral arteriosclerosis.....	-	-	-	-	-	-	-	-	-	1	0	1	-	-	-	-	-	-	-	-	-
4. General paralysis.....	-	-	-	-	-	-	-	-	-	1	0	1	-	-	-	-	-	-	-	-	-
5. With cerebral syphilis.....	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
6. With Huntington's chorea.....	0	1	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
7. With brain tumor.....	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
8. With other brain or nervous diseases.....	0	1	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
9. Alcoholic.....	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
10. Due to drugs and other exogenous toxins.....	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
11. With pellagra.....	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
12. With other somatic diseases.....	0	1	1	-	-	-	-	-	-	0	1	1	-	-	-	0	1	1	-	0	1
13. Manic-depressive.....	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
14. Involution melancholia.....	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
15. Dementia praecox.....	1	1	2	1	1	2	1	0	1	2	1	3	-	-	-	0	2	1	-	0	1
16. Paranoia or paranoid conditions.....	0	0	2	0	2	2	0	1	1	1	0	1	1	0	1	0	1	1	-	1	1
17. Epileptic psychoses.....	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
18. Psychoneuroses and neuroses.....	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
19. With psychopathic personality.....	0	2	2	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
20. With mental deficiency.....	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
21. Undiagnosed psychoses.....	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
22. Without psychosis.....	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
TOTAL.....	1	8	9	2	5	7	1	2	3	6	3	9	1	0	1	2	5	7	1	1	2

TABLE 19. *Family Care Department, Year Ending September 30, 1925.*

	M.	F.	T.
Remaining in Family Care September 30, 1924.....	1	11	12
Admitted within the year.....	0	8	8
Nominally admitted from visit.....	0	1	1
Whole number of cases.....	1	20	21
Dismissed within the year:			
Returned to institution.....	0	7	7
Discharged.....	1	0	1
On visit.....	0	3	3
Remaining September 30, 1925.....	0	10	10
Supported by State.....	0	6	6
Private.....	0	3	3
Self-supporting.....	0	1	1
On visit from Family Care September 30, 1925.....	0	2	2
Self-supporting.....	0	2	2
Number of different persons within the year.....	1	15	16
Number of different persons admitted.....	0	8	8
Number of different persons discharged.....	1	7	8
Average daily number in Family Care.....	0.97	10.12	11.09
Supported by State.....	0.00	7.04	7.04
Reimbursing.....	0.00	0.00	0.00
Private.....	0.97	1.17	2.14
Self-supporting.....	0.00	1.91	1.91
Average daily number on visit from Family Care.....	0.00	1.14	1.14
Self-supporting.....	0.00	1.14	1.14





